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SEVENTH ANNUAL REPORT
OF THE
STATE BOARD OF HEALTH
OF
ILLINOIS.

WITH AN APPENDIX

EMBRACING

THE SANITARY PUBLICATIONS OF THE BOARD DURING 1884.—
SIXTH ANNUAL MEETING, SANITARY COUNCIL OF THE MIS-
SISSIPPI VALLEY.—ORGANIZATION AND PROCEEDINGS
OF THE NATIONAL CONFERENCE, STATE BOARDS OF
HEALTH.—VITAL STATISTICS OF ILLINOIS,
1881-84.—DECISIONS UNDER MEDICAL-
PRACTICE LAWS.—MEDICAL EDUCA-
TION IN THE UNITED STATES
AND CANADA, 1765-1885.

SPRINGFIELD, ILL.:
H. W. ROKKER, STATE PRINTER AND BINDER.
1885.



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SEVENTH ANNUAL REPORT

OF THE

STATE BOARD OF HEALTH OF ILLINOIS.

ILLINOIS STATE BOARD OF HEALTH.

OFFICE OF THE SECRETARY.
SPRINGFIELD, ILL., 1885.

To His Excellency, JOHN M. HAMILTON, Governor:

SIR: In conformity with the Twelfth Section of an Act to Create and Establish a BOARD OF HEALTH in the State of Illinois, approved May 25, 1877, I have the honor to submit to you the accompanying Report for the year 1884.

Very respectfully,

JOHN H. RAUCH, M. D.,
Secretary.

MEMBERS OF THE BOARD.

NEWTON BATEMAN, LL. D., Galesburg, *President*.

JOHN H. RAUCH, M. D., Chicago, *Secretary*.

R. LUDLAM, M. D., Chicago.

A. L. CLARK, M. D., Elgin, *Treasurer*.

W. A. HASKELL, M. D., Alton.

W. R. MACKENZIE, M. D., Chester.

A. W. H. REEN, Peoria.*

GEO. N. KREIDER, M. D., Springfield.†

FRANK W. REILLY, M. D., Chicago, *Assistant Secretary*.

* Succeeded Dr. John McLean, whose term expired Dec. 31, 1883.

† Appointed to fill the unexpired term of Mr. Reen—resigned on account of ill-health.

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SUMMARY REPORT OF THE BOARD.

To his Excellency, JOHN M. HAMILTON, Governor.

SIR: The important features of the work of the STATE BOARD OF HEALTH during the past year, to which it seems fitting to direct especial attention, are, first, its action with reference to preparations to resist the introduction of Asiatic cholera and to prevent its consequent spread; second, the result of the attempts to secure registration of vital and mortality statistics throughout the State; and third, the continued progress of the reform in Medical Education and in Medical Practice in Illinois.

The danger of an invasion of Asiatic cholera was first formally discussed at the July meeting, and the measures suggested by the Secretary and the circular-letters presented by him at that time were at once authorized by the BOARD and were given to the press and the public July 2. Since that date no effort has been spared to secure such a sanitary regeneration of the entire State as would put it in the best possible condition to prevent the spread of cholera should the disease be introduced within our borders. The efforts of the BOARD have not, however, been confined to this work of preparation, but it has been sought to exert an influence, through the Sanitary Council of the Mississippi Valley and through the National Conference of State Boards of Health, upon the quarantine and inspection methods enforced along the Gulf and Atlantic coasts, with the hope of increasing their efficiency as barriers to the introduction of the disease. Efforts in both these directions are still being pushed, and the results already attained are sufficiently encouraging. Details will be found on pages xxxii, xxxix-xliii, and on page lii of the Abstract of Proceedings, and on page 59-62 and 65-137 of the Appendix. The work of preparation was continued until checked by the approach of cold weather, and the abatement of nuisances and the remedy of general insanitary conditions during the summer and fall months was pushed with much zeal and interest. The series of

sanitary circulars given on pages 59-62 was distributed direct to the various officials and individuals indicated, and a wide circulation was secured by republication in the daily and weekly press.

The public health has been very good and a phenomenally low death-rate has again obtained throughout the year. There have been a few outbreaks of small-pox in isolated localities, due to introduction of the contagion from beyond our own boundaries. Advantage has been taken of these to urge the necessity for vaccination and revaccination, and the order of the BOARD concerning the vaccinal protection of school-children has been again promulgated. The revised instructions, forms, etc., will be found on pages 45-56 of the Appendix.

Tables of Deaths, Births and Marriages have been compiled for the four years from 1881 to 1884 inclusive, and are presented in the Appendix. Those of Deaths are especially defective from the causes noted in the introductory remarks on page 141, and the returns of Births are also imperfect. Legislation is needed to modify some of the provisions of the existing law, but it is hoped that some measure of improvement will result from the publication of these defective reports. This is altogether the least satisfactory branch of the work of the BOARD up to this time; but it was thought advisable to utilize the material furnished as fully as possible, and in this way to at least make a beginning. An increased clerical force in the office of the Secretary will enable more attention to be paid to this subject than has heretofore been possible, but as already said additional legislation will be necessary to make our system of vital registration as thorough and accurate as it should be.

From the Report on Medical Education in the United States and Canada, pages 471-602 of the Appendix, it will be seen that there is an increasing uniformity in the methods and practices of medical colleges since the BOARD first enforced its Schedule of Minimum Requirements, which is now the standard of recognition of diplomas issued at and since the close of the sessions of 1883-84. That is to say: The diploma of no college issued since the close of the sessions of 1883-84 is accepted as the basis for a certificate entitling to practice in Illinois, unless the college has complied during said session with the requirements of this BOARD as to conditions of admission to lecture-courses, branches of medical science included in the course of instruction, length of lecture course, attendance and examinations, dissections, clinics and hospital instruction, time spent in professional study and facilities for proper instruction.

Failing in any of these the diploma of such a college is held to be merely *prima facie* evidence that its holder has received such and so much instruction, and is only in so far qualified for the practice of medicine as the given college considers necessary. Applicants for certificates under these circumstances are required to submit to an examination by the BOARD in the branches or subjects omitted or neglected by the college. During the first year of the enforcement of this Schedule, 26 out of 47 colleges whose diplomas were presented to the BOARD had complied with the Schedule, and 21 (or 44 per cent.) were required to be supplemented by an examination. Of the diplomas issued at the close of the last session, those from 39 colleges were accepted unconditionally, and those from 15 were required to be supplemented by examination—showing an improvement in the change from 44 per cent. to 27 per cent. of colleges not complying with the standard.

Before this standard was adopted there were only 33 out of 104 colleges in the United States whose diplomas had been presented to the BOARD for recognition, which exacted any preliminary education on the part of the intending student. There are now 98 colleges out of the existing 116 which require the preliminary education prescribed by the BOARD. Other data of changes which have taken place since enforcement of the Schedule will be found in the text on pages 474-6 and in the tables following.

The classes at the last sessions in the United States and Canada show a loss of over eight per cent. of matriculates and nearly sixteen per cent. of graduates, as compared with the last session before the Schedule went into effect. Some portion of this loss has been attributed to the stringency of the times, but this cause should have produced the same effect in Canada. On the contrary, the Canadian colleges show a gain of 23 per cent. The loss is entirely among the schools in the United States, which had in attendance in 1882-83 a total of 12,232 students, of whom 4,051 were graduated at the close of the sessions. During the last sessions there was a total of 11,060 students, and of this number 3,673 were graduated—a loss of more than nine per cent. from each class. The true causes operating to produce this result are, more obviously, those given in the text of the Report, to-wit: A general and increasing desire on the part of the profession to raise the standard of attainments necessary to enter its ranks; and the enforcement of certain requirements in States which have enacted laws regulating the practice of medicine.

While a better-equipped class of men is thus being admitted to the profession, the enforcement of medical-practice acts is weeding out those guilty of unprofessional and dishonorable conduct within the ranks. Some notable cases have been adjudicated upon by the courts during the year, both in our own and in other States. In every instance the constitutionality and validity of this class of legislation have been sustained by the Supreme Courts of the different States, and an unbroken chain of rulings and precedents is being formed. Decisions in the courts of this State, of Minnesota, West Virginia and Missouri are given in the Appendix.

As a consequence of the work in these two directions, the profession in this State is in a much more satisfactory condition than at any previous time since the organization of the BOARD. The Official Register of Physicians and Midwives (now in the hands of the Public Printer), will show to what extent the status of the profession has changed.

In 1877, before the Medical-Practice Act went into operation, there were in this State only 48 per cent. of graduates and licentiates, and of non-graduates 52 per cent. engaged in practice; while in 1885, there are 89 per cent. of graduates and licentiates, and only 11 per cent. of non-graduates. Over one-third of the non-graduates left the State, or abandoned practice; many qualified themselves by graduation and examination, while others have died.

The operation of the law upon midwives has been equally satisfactory. In 1877 there were 1,125 women acting in this capacity. Of these, only 160 had diplomas or licenses. In 1885 there are 736, and of these, 354 have diplomas or licenses.

A summary of the office work and of miscellaneous matters will be found on pages xlv-lII, and the usual financial information upon the two succeeding pages.

Very respectfully,

NEWTON BATEMAN,
R. LUDLAM,
A. L. CLARK,
W. A. HASKELL,
W. R. MACKENZIE,
GEO. N. KREIDER,
JOHN H. RAUCH.

ABSTRACT OF PROCEEDINGS

OF THE

ILLINOIS STATE BOARD OF HEALTH, 1884.

ABSTRACT OF THE PROCEEDINGS
OF THE
ILLINOIS STATE BOARD OF HEALTH
AT THE
MEETINGS DURING THE YEAR 1884.

ANNUAL MEETING, SPRINGFIELD, JANUARY, 1884.

THE Seventh Annual Meeting of the ILLINOIS STATE BOARD OF HEALTH was held in the office of the Board in the Capitol building at Springfield. The President being absent, the meeting was called to order by Dr. Ludlam. Present at the Thursday, January 17, session: R. Ludlam, A. L. Clark, W. A. Haskell, A. W. H. Reen (new appointee, vice Dr. McLean, time expired), and the Secretary, John H. Rauch.

On motion of the Secretary, the regular order of business was dispensed with, pending the arrival of the President, and the Board went into executive session. Among other matters the certificates of G. A. Allen and Alexander Jones were ordered revoked for unprofessional and dishonorable conduct; and the Secretary was instructed to notify several other parties to desist from practices deemed unprofessional and dishonorable by the Board, on pain of revocation of certificates. The Secretary was also instructed to cite a number of others to appear at the next meeting to show cause why they should not be debarred from practice in Illinois on the ground of unprofessional and dishonorable conduct.

At the conclusion of the executive session, the Board proceeded to the election of officers for the ensuing year; the result being the reelection of the following gentlemen as their own successors:

THE HON. NEWTON BATEMAN, LL. D., President.

JOHN H. RAUCH, M. D., Secretary.

A. L. CLARK, M. D., Treasurer.

The Chair also appointed Mr. Reen to serve on the Auditing Committee with Dr. Haskell.

FRIDAY, January 18, 1884—10 o'clock a. m. The BOARD met pursuant to adjournment. Present: Newton Bateman, W. A. Haskell, W. R. Mackenzie, A. W. H. Reen, John H. Rauch. Under the regular order of business, the Secretary presented the following:

QUARTERLY REPORT OF THE SECRETARY.

During the quarter ended December 31, 1883, there have been received in the Secretary's office, 930 communications, letters, reports, etc., exclusive of ninety-three diplomas submitted for verification, and the papers accompanying the applications for certificates in 142 cases. There were sent out 1183 letters, postals, circulars and other communications, and about 8000 copies of the publications of the BOARD. Seventy-nine telegrams were received and sixty-eight sent.

Certificates and Licenses:

Certificates entitling to practice medicine under the Medical-Practice Act, were issued to eighty-six graduates upon diplomas from legally chartered medical institutions in good standing, and nine to practitioners on length of practice in the State; and seven certificates were issued to midwives upon the credentials of recognized schools of midwifery, and four upon examination by the BOARD.

Special Meetings:

The BOARD has held five special meetings during the quarter, namely, on Nov. 3 and 10, and on Dec. 1, 8 and 15. These meetings were of a purely executive nature, held for the purpose of taking action on sundry cases under the Medical-Practice Act. At the meeting held on Saturday, Nov. 3, the certificate of Dr. Frank B. Smith, temporarily of Peoria, was revoked for unprofessional and dishonorable conduct.

Among other business transacted, the cases of eleven practitioners, holding the certificates of the BOARD, and against whom various charges had been preferred, were satisfactorily adjusted, the offenders agreeing to refrain from the objectionable practices in the future. In a number of other cases the parties have left the State, and the disposition of the charges against them should receive attention at the present meeting, as well also as the cases of some others cited to appear.

Medical Colleges:

The distribution of the advance sheets of the section on *Medical Education and the Regulation of the Practice of Medicine*, has resulted in developing a wider interest in the subject than was anticipated. Requests for copies have been received from every part of the United States and Canada, from England, East India and Australia. The supply at the disposal of the BOARD is entirely inadequate to meet the demand.

Many questions have arisen during the quarter, concerning the new schedule of requirements of the BOARD in the matter of medical education. Most of these have been of such a nature as to admit of direct reply, but a number of others have been deferred for the consideration of the BOARD.

Suits and other Proceedings under the Medical-Practice Act:

Among the cases brought to the attention of the BOARD, through the Secretary's office, during the quarter, have been the following:

Robertson.—An "Indian doctor," F. O. Robertson, was arrested on the 26th of December, in Princeton, Bureau county, where he had appeared during the county fair in Sept., 1883, announcing his unusual skill and ability "to the accompaniment of evening concerts, rifle-shooting, stale jokes, etc., and claiming that his medicines are purely vegetable, free from morphine, quinine and all *other mineral poisons.*" Five separate charges were made against him, and on the 28th of December he pleaded guilty before the county court; fines were assessed against him on two charges, on payment of which, and costs, he was released under a promise to leave the locality. Subsequent to his Princeton performances he turned up in Mascoutah, St. Clair county, where he managed to secure the aid of some of the German press in his behalf, and published his circulars and handbills in that language.

Bogart.—One T. D. Bogart, of Quaker Hill, Ind., was arrested in the early part of November, in Decatur, Macon county, as an advertising itinerant, making a specialty of the treatment of "chronic nasal catarrh, and scrofulous sore eyes." He obtained a continuance of his case until December 7, and subsequently sent a petition to the Governor, purporting to be signed by many citizens of Hoopes-ton under his treatment for "chronic nasal catarrh, catarrhal fever, and scrofula in their many forms." The petitioners pray that the Governor "will grant him a permit by which he can treat cases as above set forth." The petition was referred to the Secretary, who replied to the petitioners that the Governor had no legal right to grant such a permit, and explained that the reason why Bogart was debarred from practice in Illinois was because of his failure to comply with the law.

Bunce.—A man, calling himself "Dr." A. W. Bunce, and claiming the benefit of the ten-year exemption clause, is also under arrest in Decatur, his claim that he practiced ten years prior to July 1, 1877, being contradicted. It is asserted that he was digging wells for a livelihood about that time. It is proposed to give him an opportunity to prove his ten years' practice, or to demonstrate his fitness to practice medicine by undergoing an examination.

Dunn.—The advertising itinerant, E. C. Dunn, of Rockford, is complained of from Paxton, Ford county, Arcola, Douglas county, and Danville, Vermilion county. Like the preceding case, Bunce of Decatur, he is operating under the exemption clause. The question suggests itself whether such practice as he is engaged in is that contemplated by the statute, as entitling one to exemption from the necessity of making a *prima facie* show of fitness for the cure of the sick.

Flowers.—The notorious character, "H. D. Flowers, of Fulton City, Whiteside county," continues his rounds. Within a short time of each other complaints were received from his victims as far south and east as Ford county, and north and west to JoDaviess.

Chicago Quacks.—In Chicago suits have been brought, mainly during the month of December, against Drs. G. J. Williams (also

a "lawyer," Lucas R. Williams (alias "Dr. Lucas,") A. W. Boye, Wm. Clarke (son of F. D. Clarke, "no-pay-until-better,") John Bate (alias "A. G. Olin,") John Kean ("no-cure-no-pay,") and a "Dr. Shroder" (a woman).

The Public Health:

Scarlet fever has continued during the quarter in many localities, but without, in any case, assuming a serious epidemic form, while the death-rate from it remained unusually low. The German edition of the BOARD's circular on scarlet fever, alluded to in the last quarterly report as in preparation, has been published and distributed to many points. Diphtheria has also been reported from several places.

Small-pox has appeared at Stone Fort, Saline county; Farina, Fayette county; McLeansboro, Hamilton county; and Alton, Madison county. The disease was also reported, October 31, from Paris, Edgar county, but the case was subsequently, ascertained to be chicken pox. At Stone Fort the disease was introduced by a woman who had been attending the St. Louis fair; took sick a few days after her return, and died on the thirteenth day of an attack of unmodified, confluent small-pox. Of seven other members of her family, four contracted the disease, the remaining three escaping through successful vaccination after exposure. A relative's family, living in the adjoining township in Pope county, also contracted the disease, and in turn infected the attending physician. Except this latter and one woman, none of those attacked had ever been successfully vaccinated prior to exposure. The physician and woman above referred to had both been vaccinated in childhood, and escaped with mild attacks of varioloid. Of the remaining cases, seven in number, all died of unmodified confluent or hemorrhagic small-pox. The situation became so serious, and so much apprehension existed in the community and neighborhood about the middle of November, that the Secretary was compelled to visit the locality in person, which he did November 20-24. Reporters, Drs. W. R. Osborne and D. Bozarth, Stone Fort, attending physicians.—The case near Farina, was also due to contagion contracted in St. Louis, an unvaccinated young woman, who finally recovered after a severe attack of hemorrhagic small-pox. Fortunately, the other members of the family in which the case occurred were all protected by vaccination, and no other cases resulted. Reporter, A. R. Hancock, M. D., Farina, attending physician.—On the first of December an unvaccinated public scholar at McLeansboro was found in the febrile stage of what proved to be an attack of small-pox, from which, however, she ultimately recovered. Source of contagion unknown. A large number of others were exposed, and, although vaccination was freely resorted to six more cases followed, of which number two died. None of the seven had ever been vaccinated prior to exposure. Reporter C. M. Lyon, M. D., McLeansboro, attending physician.—A fatal case of small-pox occurred in Alton, during the early part of December, contracted in St. Louis. Notwithstanding the case was not discovered until the eleventh day, and numbers of persons were exposed in the boarding-house where it occurred, only one other case resulted—one of his nurses, vaccinated in childhood, but not revaccinated until two weeks after this exposure. This patient

died on the fifth day, the disease assuming the rare form of purpura variolosa. Reporter, W. A. Haskell, M. M., Alton, attending physician.

Precautions against Danger to Life from Fires:

The recent loss of life by fire at Belleville suggests the point whether the BOARD can profitably take any further action looking to securing adequate provision for escape from, and for the extinguishing of fires in public buildings. On different occasions within the past few years, the BOARD has called attention to this subject—the last time in the fall of 1881, with reference to the danger from fire at seaside resorts, and this was emphasized, soon after the Secretary's circular letter was sent out, by the destruction of no less than six of these inflammable structures within a very short time. Fortunately, these fires occurred at a season of the year when there were only a few, in some cases no inmates, and nothing worse than the rapid destruction of the buildings and contents happened. These events, however, served to direct attention to the subject, and there is reason to believe that this class of buildings is much improved in this respect.

I think it would be well to prepare a suitable letter with necessary instructions, and address to all those having charge of public buildings in the State, with the view of publishing a report of the condition of such structures, with reference to the number of stories, sizes and arrangement of rooms, number and dimensions of staircases, doorways, windows and other exits, special provisions for escape, and for extinguishing fires, etc. Such a report would serve a useful purpose in disclosing to what extent municipal, State or other interference may be necessary to correct such dangers as are found to exist.

Chicago Sewage:

In my last quarterly report, speaking of the solution of the various questions hinging upon the disposal of the sewage from the city of Chicago through the Illinois and Michigan canal, I observed that it was "clearly the duty of the city of Chicago, immediately upon the close of navigation, to have the Bridgeport pumps put into operation, and their capacity and the capacity of the canal determined by actual experiment." I am glad to say that this experiment is now being carried on, and I am in receipt of a telegram from Superintendent Thomas, announcing that the "Bridgeport pumps are working finely, and are holding three feet of water in the canal above the level of the Chicago river."

Respectfully submitted.

JOHN H. RAUCH, *Secretary.*

Dr. Mackenzie moved that the report be accepted and that the recommendations and actions of the Secretary be approved. The motion was adopted and the report was ordered to be printed in the account of the proceedings of the meeting.

The remainder of the session was devoted to executive business, and the discussion of charges against individuals and colleges, of which the Secretary submitted forty-two various cases, not previously considered. Among other matters, then disposed of, it was

ordered that diplomas issued by the College of Physicians and Surgeons of Joplin, Mo., and by the Kansas City Medical College for the current session, 1883-84, could not be received as the basis for certificates entitling to practice in Illinois. *Hospitals*

Drs. Haskell and Rauch were appointed a committee to draft appropriate resolutions concerning the retiring member, Dr. McLean, and subsequently offered the following:

Resolved, That the members of the ILLINOIS STATE BOARD OF HEALTH who have been associated with Dr. John McLean, of Pullman, during the past three years, part from him with unfeigned regret upon the termination of his period of service. His counsels, characterized by prudence, good sense and moderation, have been prompted by an earnest desire for the best interests of the public welfare and for the elevation of the standard of the medical profession. His sterling qualities must command success for him in any position to which he may be called; and the best wishes of his fellow-members of this BOARD go with him.

On motion of Dr. Bateman, who left the chair for that purpose, the resolution was unanimously adopted; and the Secretary was instructed to forward a copy of the same to Dr. McLean.

The auditing committee reported back bills amounting to \$2,139.87 as correct.

Adjourned.

SPECIAL MEETING, CHICAGO, JANUARY 30, 1884.

A SPECIAL meeting of the BOARD, was held at the Grand Pacific Hotel in the city of Chicago, on Wednesday morning, January 30, to take action upon certain applications for certificates. Present—Drs. Clark, Ludlam and Rauch, and Mr. Reen, Dr. Clark presiding in the absence of the President.

Simon M. Landis.—The papers and correspondence in the case of Simon M. Landis, of Monticello, Piatt county, were submitted to the BOARD by the Secretary, after a perusal of which the following preamble and resolution were adopted:

WHEREAS, In the matter of the application of Dr. Simon M. Landis, at present of Monticello, Piatt county, for the certificate of the STATE BOARD OF HEALTH of the State of Illinois, authorizing him to practice medicine and surgery in Illinois, it appears from documentary evidence, on file in the office of the BOARD, that said Landis has advertised himself as lecturing upon “physio-phrenology” as claiming “mystic power,” challenging clergymen and physicians to discussion of his assertion, “that their teachings are anti-natural and anti-Christ,” offering “his services as lecturer, reader, impersonator of Shakesperian characters,” etc., and in connection therewith is engaged in vending certain drugs, nostrums, and appliances for the treatment of disease, and is only temporarily at Monticello, having publicly announced that he leaves February 20, 1884; therefore, be it.

Resolved, That the Secretary be instructed to advise the said Simon M. Landis that his application should have been made for a license as an itinerant, under section 12 of the Medical-Practice Act.

C. Buel Rice.—The affidavit of C. Buel Rice, of Cincinnati, O., claiming to be a graduate of the Medical College of Fort Wayne, Ind., 1877, was then presented, and the Secretary stated that Rice was one of the “K. & K. Surgeons,” and had been recently practicing in the city of Springfield; that although now claiming to have been a graduate in medicine for the past seven years, as shown by his affidavit, he had at first professed to be practicing only as a “student” under one Dr. Hy Rall Smith, in seeming conformity with section 11 of the Medical-Practice Act; that said pretence was a dishonorable and unprofessional attempt to evade the law, since, as a matter of fact, Smith, himself, was the “student” in all that concerned the methods and practices of the “K. & K.’s”—he, Smith, having been hired by J. C. Kennedy, the principal of the “K. & K.’s,” only two weeks before Rice and himself came into the State.

while Rice had long been in the employ of the "K. & K.'s" as one of their physicians; that Rice was further guilty of unprofessional and dishonorable conduct in fraudulently and falsely advertising or causing himself to be advertised to the public of Springfield as one of "three of the most skilful and experienced of the Drs. K. & K. Surgeons," "legal practitioners in Illinois, who, having practiced medicine and surgery for upwards of ten years in the State, are thoroughly familiar with the climate, with the people and the diseases to which they are subject," when, in fact, according to statements made under oath, instead of there being three of these most skilful and experienced individuals the man Rall Smith was the only one legally qualified to practice in Illinois, Rice himself skulking into the State under the subterfuge of being Smith's "student" or "secretary" never having before practiced in the State, and, therefore, not having the thorough familiarity, skill and experience which he falsely and fraudulently advertised himself to possess; that he was further guilty of unprofessional and dishonorable conduct in his connection with a deliberately false and fraudulent advertisement announcing the removal of a "monster tape-worm" by the "K. & K.'s," which had exhausted "the skill of the best local physicians," but concerning which it had been admitted under oath that no such tape-worm had been removed and no such cure effected—the object and intent of said advertisement being to defraud and deceive the suffering and afflicted; that said Rice was further guilty of unprofessional and dishonorable conduct in his dealings with one Lewis H. Miner and one Frank L. Felch, residents of Springfield, and whose joint affidavit the Secretary submitted.

The Secretary also presented affidavits from other citizens of Springfield, and a transcript of the evidence in suits against Smith, as illustrating the methods and practices of Rice and Smith, representing the "K. & K. Surgeons" in Illinois. Copies of the "Guide to Health" and other publications and advertisements of the "K & K.'s," which Rice had aided in circulating, were also submitted to the members, and the Secretary stated that, aside from his own judgment as to their character, they were uniformly regarded by those to whom he had shown them as typical quack advertising matter, well calculated both in text and illustrations to increase the fears and excite the hopes of the sick and afflicted, full of false statements and delusive promises, and suggestive of pruriency, indecency and nastiness. Fathers of daughters, into whose hands these sheets had been thrust, had indignantly appealed to the Board through him to protect their families from this outrage. The "K. & K.'s" claim to have circulated 4,000,000 copies of this so-called "Guide to Health," and, for himself, he had no hesitation in asserting that Rice's connection with this wholesale pollution of public morals, insult to decency, and potent agency for deluding and defrauding the sick and afflicted, constituted, in itself, such an act of unprofessional and dishonorable conduct as would compel him to vote against issuing the man a certificate. He added that it was through one of these "Guides to Health" that another of the "K. & K.'s," the man Gaylord, now in the Chester penitentiary, began his infamous correspondence with a young school-girl in Michigan.

At the conclusion of the Secretary's statement, and after an examination of the evidence submitted, the following preamble and resolutions were adopted:

WHEREAS, In the matter of the application of Dr. C. Buel Rice, of Cincinnati, O., for the certificate of the STATE BOARD OF HEALTH of the State of Illinois, authorizing him to practice medicine in Illinois, it is charged:

1. That the said Rice is in the employ of, and associated with, the firm of "K. & K. Surgeons."

2. That said Rice recently, in the city of Springfield, Ill., while in such employ and association, caused, or allowed himself to be advertised as a legal practitioner of upward of ten years' practice in Illinois, knowing such advertisement to be false and fraudulent.

3. That said Rice, at the same time and place, claimed, or allowed the claim to be publicly made, that he had performed or effected a certain cure or cures, when, in fact, as subsequently admitted by himself or associates, under oath, no such cure or cures had been effected or performed as advertised.

4. That said Rice, at the same time and place, attempted to evade compliance with the State law regarding the practice of medicine by concealing his identity and professional character and claiming to be acting as a secretary, etc., and that he did so evade such law in an unprofessional and dishonorable manner until his identity and character were disclosed by his arrest and prosecution for circulating obscene and indecent literature in the said city of Springfield; and

WHEREAS, Such charges, if not disproved, constitute unprofessional and dishonorable conduct within the meaning and intent of the statute; therefore, be it

Resolved, That the ILLINOIS STATE BOARD OF HEALTH refuses to issue a certificate to the said Dr. C. Buel Rice until the said charges shall have been disproved.

The Secretary reported progress in the matter of sundry suits against quacks plying their vocation in Chicago.

On motion of Dr. Ludlam the BOARD adjourned.

QUARTERLY MEETING, CHICAGO, APRIL, 1884.

THE regular quarterly meeting of the ILLINOIS STATE BOARD OF HEALTH was held in Chicago, at the Grand Pacific Hotel, on Thursday and Friday, April 17-18, 1884. Present: Newton Bateman, W. A. Haskell, A. L. Clark, R. Ludlam, W. R. Mackenzie, John H. Rauch—the President in the chair.

The BOARD was called to order at 10:30 a. m., on Thursday the 17th, and after calling the roll, the Secretary read the resignation of Mr. Reen, of Peoria, tendered to the Governor on account of ill health. On motion of Dr. Ludlam, the Secretary was instructed to extend the sympathy of the BOARD to Mr. Reen, and to express its sense of the manner in which he had discharged his duties as a member during his brief term.

In the regular order of business, the Secretary presented the following report.

QUARTERLY REPORT OF THE SECRETARY, JANUARY 1-MARCH 31, 1884.

During the quarter, ended March 31, 1884, there were received in the Secretary's office 615 communications, letters, reports, etc., exclusive of 183 diplomas submitted for verification; and the affidavits and other papers accompanying applications for certificates in nearly 260 cases. There were sent out during the same period, 760 letters, postals, circulars and other communications, and the usual quantity of the BOARD's publications, Reports, Registers, Preventable-Disease Circulars, etc., of which 227 packages were sent by express. Eighty telegrams were received, and 122 sent.

Certificates and Licenses:

Certificates entitling to practice medicine and surgery under the Medical-Practice Act were issued to 134 graduates upon diplomas from legally chartered medical institutions in good standing. Among these were a number to practitioners, previously holding the certificate of the BOARD, issued after examination. There are now not to exceed fifty practitioners of this class in the State, who have not since graduated from a medical college, in accordance with the recommendation of the BOARD.

To midwives twelve certificates have been issued upon documentary qualification, and six upon examination. There were in all twelve examined during the quarter, of whom six were rejected.

The Diplomas of 1883-84:

Applications, based upon diplomas issued at the close of the last session, have been received from graduates of eleven different colleges, which have either failed to comply with the Schedule of Minimum Requirements of the BOARD, or against which charges have been received that such compliance has been perfunctory and insincere.

In eight cases where the colleges have failed to comply with the Schedule, the applicants have signified their intention (in response to suggestions to that effect,) of submitting themselves to an examination by the BOARD on those subjects omitted by their respective schools. They will present themselves at this meeting, and I recommend the adoption of this course with regard to the diplomas of that class of colleges.

During the month of March, I spent two weeks visiting eastern colleges with reference to this matter, and was much gratified at the spirit manifested concerning the BOARD's efforts to improve the status of medical education, especially by the better class of colleges. I regret not being able to devote more time to these personal visits. They are much more satisfactory and profitable than anything which can be accomplished by correspondence.

On the whole, there is every reason for encouragement in the results of the work thus far. One of the most satisfactory proofs of the timeliness and wisdom of the BOARD's action, is found in the attitude of the graduates themselves. Expressions of approval from a very large number, and as already stated, of a willingness to submit to an examination by the BOARD from others, have been received.

Prevalent Diseases:

Small-pox has appeared at a few points in the State, viz: at Chicago, two cases—one from Cincinnati, and one from Indianapolis; at Cairo and East St. Louis, several cases from the rivers; at Charleston, Coles county, a tramp, said to be from the pineries of Wisconsin or Michigan; at Coulterville, Randolph county, five cases among negroes, contracted from a negro roustabout. The case reported at Diamond Cross in January, recovered without any spread of the disease. At the close of the quarter, an outbreak is also reported at Yorkville, Kendall county.

In all these cases, except Chicago, the rules and regulations of the BOARD and the necessary advice and instructions, printed and written, are at once furnished. These are now so well understood, and the community is so well protected by recent vaccination and revaccination, that there is no spread of the disease beyond the first cases. Some sensational statements were made about the cases at Cairo, but investigation proved them to be unfounded. In Chicago the health department is in entire accord with the efforts and methods of the BOARD.

Scarlet fever has been reported from a few localities, but not to such an extent as to warrant special action.

The Cattle Disease:

On the 13th of March, the Board was appealed to by the State Board of Agriculture, concerning information that foot-and-mouth disease (epizoötic aphthæ) existed among cattle in Effingham county. Coupled with reports of its existence in Kansas and elsewhere, the information demanded serious attention. Its highly contagious character, the rapidity of its spread, and the difficulty of eradicating the contagion, combine to make it one of the most dreaded of all the animal plagues, from an economic standpoint. It is estimated that the direct money loss from the disease to English stock-raisers, in 1872, exceeded \$65,000,000, and the average annual loss in France is computed at 5,000,000 francs, for twenty successive years.

There is no State legislation concerning the disease beyond the authority conferred upon the State Veterinarian to investigate contagious and infectious diseases among animals. But the power to condemn infected animals, to quarantine, or enforce other measures for the arrest of such diseases, and to prevent their spread, is limited specifically to pleuro-pneumonia and glanders. In this emergency, it was evident that if the disease really existed, it could only be dealt with through the STATE BOARD OF HEALTH, by virtue of the power and authority vested in it by the second section of the act of May 28, 1877. Steps were therefore at once taken to ascertain the foundation for the reports; the State Veterinarian was dispatched by the Governor to Effingham county, and subsequently to a number of other points. Profs. Morrow and Prentice also visited herds in various localities said to be infected.

Meanwhile, I had consulted with Dr. D. E. Salmon, the Chief Veterinarian of the Department of Agriculture at Washington, and had carefully studied and compared all the reports of the disease from the several localities, and finally arrived at the conclusion that the disease existing in Illinois, Iowa, Missouri, Kansas and Nebraska was not foot-and-mouth disease, and this conclusion was subsequently confirmed by the veterinary experts.

Sanitary Council:

The Sixth Annual Meeting of the Sanitary Council of the Mississippi Valley was held in Memphis, Tenn., on the 21st of March. Beyond the reception of the reports of officers and committees, and the transaction of the usual routine of business, nothing of importance was attempted. The object of the meeting was mainly to keep the organization in readiness for action, should an emergency arise requiring intervention.

A resolution was adopted, thanking the Executive Committee for its labors during the season of 1883, approving of its course, and instructing it to adopt the same line of action in regard to the prevention of the introduction of yellow fever, or other infectious diseases, into the Mississippi Valley during the year 1884, if necessary.

Recent changes in the personnel of some of the most important sanitary organizations originally represented in the Council, are

cause for congratulation, and for the first time in many years there is now good reason to believe that all Boards of Health, State and local, in the Valley will act as a unit.

Respectfully submitted.

JOHN H. RAUCH, *Secretary*.

On motion of Dr. Clark, the report was accepted, and ordered placed on file.

The Secretary made an informal supplementary statement concerning his action on sundry applications for certificates, based on diplomas of the session of 1883-84, already mentioned in the body of his report, specifying in each case the name of the college, and the point or points in which it had failed to come up to the requirements of the BOARD.

On motion of Dr. Mackenzie, the action of the Secretary was approved.

The schedules of questions for the regular annual examination of non-graduate and other candidates for certificates were submitted and approved, and the examination of these gentlemen, fifteen in number, was begun.

On motion of Dr. Clark, the BOARD went into executive session, during which the following cases were considered:

Medical Colleges.—Charges against the status and methods of three medical colleges—their representatives being present in person—were taken up and disposed of. These cases arose through the refusal of the BOARD to issue certificates to graduates of the colleges in question. After a full and careful consideration of the evidence presented on both sides in each case, the Secretary was authorized to issue a certificate to the graduate of one of the schools, the charges against it being clearly and unequivocally disproved.

In the second case the refusal to issue certificates to two individual graduates was affirmed; but upon promise of stricter compliance with the BOARD's requirements in the future, no action was taken concerning the status of the institution.

In the remaining case it was ordered that the diplomas of the school (session of 1883-84) be recognized, "except in cases where there is evidence of failure to comply with the Schedule of Requirements of this BOARD, or with the regulations of the college itself; and that in such cases the Secretary be empowered to examine into the facts and to use his discretion in issuing or withholding certificates pending the next meeting of the BOARD."

The action of the Secretary, in requiring an examination into the preliminary education of the graduate of a college in which such examination was omitted, was approved.

Valentine.—Dr. W. D. Valentine, of Lanark, Carroll county, charged with malpractice and unprofessional conduct, was heard in his own defense. Action upon the case was postponed.

Kingsley.—The correspondence and papers in the matter of the application of Dr. J. S. Kingsley, of Danville, for a certificate, were presented, considered and the application rejected.

Bower.—In the case of the “American Anthropological University of St. Louis, Mo., an institution alleged to be engaged in the sale of diplomas, the Secretary presented communications from the Hon. John Eaton, commissioner of education, from Geo. W. Curry, county clerk of Brown county, and from Dr. W. W. Bower, of Mt. Sterling, the latter charged with being one of the incorporators and officers of the so-called University. The complaint was formally made through Commissioner Eaton, on charges recently preferred, that diplomas conferring various degrees, medical, scientific, literary, etc., were being sold by agents of the “University” in England and Scotland. An exculpatory letter from Dr. Bower was read, and the Secretary instructed to forward a copy of the same to Commissioner Eaton, with the request that he furnish the BOARD with any original documentary evidence in his possession, tending to fix complicity with the actual sale of diplomas upon said Bower.

DURING the regular business session of Friday, a large number of the more important communications received during the quarter were presented, and the action taken thereon was submitted to the BOARD. The Secretary was authorized to attend the conference of representatives of State Boards of Health to be held in the city of Washington during the month of May, prox. He was also empowered to examine applicants for certificates, who were graduates of colleges which had not complied with the requirements of the BOARD; such examination to be confined to the branches omitted by the college in question; and upon any of said candidates passing a satisfactory examination in such branch or branches, he shall be adjudged entitled to the certificate of the BOARD.

The Auditing Committee reported that it had examined bills amounting to \$2,664.80, and found the same to be correct.

The remaining hours of the session were devoted to the examination, and rating of the answers of candidates; at the conclusion of which, the Secretary reported that only two of those who had undergone the full examination, had obtained the required percentages entitling to pass, and that both of these, namely: Clifton Scott, of Dixon, and H. W. Springer, of Hardin, already held diplomas from medical colleges—the Kentucky School of Medicine, and the St. Louis Eclectic Medical College, respectively.

SCHEDULE OF QUESTIONS AT THE ANNUAL EXAMINATION, APRIL, 1884.
ILLINOIS STATE BOARD OF HEALTH.

EXAMINATION IN ANATOMY—BY W. A. HASKELL, M. D.

Describe:

1. A vertebra.
2. The lachrymal duct.
3. The valves of the heart.
4. The cerebellum.
5. The brachial plexus.
6. The bladder.

7. Give boundaries and contents of Scarpa's triangle.
8. Give the relation of the muscles, arteries, veins and nerves of the leg at the junction of the middle and lower thirds.
9. What ribs are covered by the scapula?
10. Name the contents of the right hypochondriac region.

EXAMINATION IN PHYSIOLOGY—BY W. R. MACKENZIE, M. D.

1. What is an ultimate element, and how many are found in man?
2. What is a proximate principle?
3. What is the composition of water, and what proportion of the human body does it constitute?
4. How many varieties of sugar originate in the interior of the body?
5. What is understood by catalysis?
6. How many digestive fluids does the food meet with during its digestion?
7. Give their names, origins and uses.
8. Is digestion a simple chemical process?
9. In bread what portion is digested, and what left unchanged, by pepsin?
10. Where is starch chiefly digested, and by what agents?
11. How are fatty matters taken up, and in what form?
12. Where does cholesterin originate? Is it excreted?
13. What is the proportion of blood to the weight of the body?
14. What is the extent of the respiratory surface in both lungs?
15. Does carbonic acid exist ready formed in the venous blood before its entrance into the lungs?

EXAMINATION IN CHEMISTRY—BY A. L. CLARK, M. D.

1. What is latent heat?
2. With what nation originated the metric system? What is the metric unit of measurement? Whence is this unit derived, and what is its length in inches?
3. What is meant by "water of crystalization"?
4. Define an acid and give its properties.
5. Define an alkali and give its properties.
6. What is a pentad?
7. At what point in the centigrade scale is zero, and at what temperature does water boil?
8. Why is the center of the flame of a candle dark?
9. At what temperature is water most dense?
10. What is specific gravity?
11. What is Hg_2Cl_2 ?
12. What is the law of Avogadro?
13. Name the primary colors in their order.
14. Give the chemical symbols for eight elementary substances.
15. Give the chemical symbol for ammonia.

EXAMINATION IN PATHOLOGY—BY R. LUDLAM, M. D.

1. Define anemia.
2. Describe the general pathology of fever.
3. What is hypertrophy? Atrophy?
4. What is compensating hypertrophy?
5. Define the most important diatheses.
6. Describe the pathological conditions in cerebral apoplexy.
7. What is the pathological significance of dropsy?
8. Give the pathology of hemi-anesthesia.
9. In pneumonic hepatization where will chloride of sodium be found if deficient in the urine?
10. At what stage of intermittent fever would you find the highest temperature?

EXAMINATION IN THE PRACTICE OF MEDICINE—By W. R. MACKENZIE, M. D.

1. Give the pathology, symptoms and treatment of anemia.
2. In which sex is anemia the more frequent, and does it ever prove fatal?
3. Give the pathology, symptoms and treatment of leucocythemia.
4. With what disease is it constantly associated.
5. What is hyperinosis, and under what circumstances does it occur?
6. Why is there danger of heart disease in acute articular rheumatism?
7. Why are mineral acids supposed to be indicated in continued fevers?
8. Give the pathology, symptoms and treatment of pneumonia.
9. In the treatment of pneumonia are expectorants, as a rule, indicated?
10. How would you undertake to control abnormally high temperature in continued fevers?
11. Name the continued fevers?
12. What is the most common vehicle of typhoid poison, and what are the special characteristic lesions in typhoid fever?
13. Give the pathology, symptoms and treatment of pernicious intermittent fever.
14. Give the pathology, symptoms and treatment of simple intermittent, simple remittent, and so-called "typho-malarial" fevers.
15. Give the pathology, symptoms and treatment of gastritis, gastro-duodenitis, enteritis and colitis.

EXAMINATION IN SURGERY—By W. A. HASKELL, M. D.

Describe

1. In detail the passage of the male catheter.
2. Ligation of the radial artery at its middle.
3. An operation for in-growing toe-nail.
4. Tracheotomy.
5. Give the differential diagnosis of periostitis of the femur, and of the third degree of morbus coxarins.
6. Name the tumors developed in the inguinal region and scrotum with which an inguino-scrotal hernia may be confounded, and give their differential diagnosis.
7. Give the symptoms and treatment of acute tympanitis.
8. What is meant by the antiseptic treatment of wounds?
9. A middle-aged man has a tumor of the left side of the scrotum; ovoidal in shape, elastic, fluctuating, and slightly translucent. Examination with an exploring trocar shows it to contain a yellowish fluid, coagulable by heat, and in which spermatozoa are found. Give diagnosis and treatment, with reasons for both.
10. Give the differential diagnosis of compression and concussion of the brain, and treatment of each.

EXAMINATION IN OBSTETRICS—By A. L. CLARK, M. D.

1. Name all the female organs of generation.
2. What is extra-uterine pregnancy, and give the treatment?
3. Describe laparo-elytotomy, and give its advantages and disadvantages.
4. Give treatment for hemorrhage in the three stages of labor.
5. Give the symptoms and treatment of short umbilical cord.
6. Give the mechanism of labor in the L. O. A. position.
7. Give the signs of pregnancy present during the first two months; also the first *positive* sign.
8. Define abortion.
9. What circumstances justify craniotomy?
10. Give name and length of the largest diameter of the superior strait.
11. What is involution of the uterus, and in what time is it normally accomplished?
12. Give differential diagnosis between phlegmasia dolens and rheumatism.
13. Give diagnosis and treatment of rupture of the uterus during parturition.
14. Name the longest diameter of the fetal head.
15. Give the differential diagnosis between puerperal and epileptic convulsions.

EXAMINATION IN GYNECOLOGY—BY R. LUDLAM, M. D.

1. What critical periods are the most important in the clinical history of woman?
2. Describe the symptoms of chlorosis.
3. What is the treatment for obstructive dysmenorrhea?
4. How does abortion lead to uterine displacements?
5. What is the globus hystericus and its cause?
6. What class of women is most subject to chronic netritis.
7. Give the causes of sub-involution of the uterus and its sequelæ.
8. What form of inflammation usually precedes puerperal peritonitis?
9. In the puerperal state what disease precedes uterine phlebitis?
10. How would you distinguish between puerperal mania and the mania of cerebritis or meningitis?

EXAMINATION IN MATERIA MEDICA AND THERAPEUTICS—BY JOHN H. RAUCH, M. D.

1. Describe the mode of action of expectorants; name some of the principal ones.
2. What is perchloride of iron? Give its principal therapeutic uses.
3. Mention two or more substances which are therapeutically incompatible, and two or more which are pharmaceutically incompatible.
4. In the administration of hypodermic injections what general precautions should be observed; and as between the same agents administered by ingestion and hypodermically, what are the relative doses of sulphate of atropia, physostigma, ergotin, sulphate of morphia, pilocarpin?
5. What difference for ages is made in the doses of remedies?
6. Give the number of fluidrachms in a teaspoonful—a dessertspoonful—a tablespoonful—a wineglassful.
7. What are the varieties of electricity used therapeutically; their characteristics, and some of the principal diseases to which each variety is applicable.
8. What are the *abstracta* of the Pharmacopeia of 1830.
9. Mention remedies for albuminuria, ascariides, bronchitis, chorea, constipation, dysentery, erysipelas, gonorrhea, rheumatism.
10. Name the cinchona alkaloids, and state their relative values.
11. What are the principal indigenous vegetable remedies of your own locality? Give the officinal names and parts of the plants used.
12. What articles commonly found in every household may be used therapeutically? State their respective uses for such purpose.
13. Describe the therapeutic indications and give the average adult doses of oil of turpentine, muriate of ammonia, fluid extract of gelsemium, chloral-hydrate, iodoform, podophyllin, dilute hydrocyanic acid, tincture of veratrum.
14. Mention some of the more important recent additions to the materia medica, with their respective uses.
15. Give the officinal and the common names of the plant from which podophyllin is derived, the part or parts used, and its medicinal properties.
16. What articles are used instead of quinia as antiperiodics, and under what circumstances?
17. Describe the toxicological effects of opium; belladonna; digitalis; corrosive sublimate; oxalic acid;—and indicate the appropriate treatment to counteract such effects.

Complete the following skeleton prescriptions, and state the indications for each:

18. R. Ammonii iodid
 Liq. potassii arsenitis
 Tinct. columbæ
 Aque
 M. Sig

19. R. Cupri sulphat.....
 Morphie sulph.....
 Quinia sulph.....
 M. ft pil. no. xii. Sig.....
20. R. Ext. eucalypt. fl.....
 Ammonii muriat.....
 Ext. glycyrrhiz.....
 Syr. toluatan.....
 M. Sig.....

EXAMINATION IN HYGIENE—BY JOHN H. RAUCH, M. D.

1. What is meant by death-rate, and how is it computed?
2. During what quinquennial period is there the greatest mortality, and to what causes is such mortality due?
3. What are the prevalent preventable diseases at each season of the year, and what general precautions against such should be observed?
4. What is the most common cause of preventable disease?
5. Give the differential diagnosis of small-pox; of chicken-pox; of measles; of scarlet fever.
6. Describe the operation and phenomena of vaccination, and the relative advantages and disadvantages of humanized and of bovine virus.
7. How often should vaccination be repeated, and why?
8. What would you do, as the chief sanitary authority of a city or town, in case of a threatened pestilence, taking into consideration each of the diseases which have assumed an epidemic form in this country during the last fifty years?
9. Mention the principal disinfectants, describe their action and modes of application.
10. What is the permanganate of potash test for a suspected water?
11. What is the distinguishing characteristic of sewage-contaminated water?
12. What influence has the geological character of a region upon life and health?
13. What relations do the meteorological conditions bear to health?
14. Give the life-history of the trichina spiralis, and state how the vitality of the parasite is lost, or may be destroyed.
15. What diseases of animals may be communicated to human beings?

EXAMINATION IN MEDICAL JURISPRUDENCE—BY JOHN H. RAUCH, M. D.

1. Define medical jurisprudence.
2. What are the three important points to observe, with reference to the subject, in conducting a postmortem for legal purposes?
3. What portions of the body would you select for a chemical examination in a case of suspected poisoning?
4. What are the indications of viability in the fœtus?
5. What important legal bearing has the collection of vital statistics?

The following was suggested by the President of the Board as the basis of an

EXAMINATION IN THE FUNDAMENTAL ENGLISH BRANCHES—BY NEWTON BATEMAN, LL. D.

I. ENGLISH COMPOSITION.

Write an essay, to contain not less than 300 words. Subject—*Abraham Lincoln*.

II. HISTORY.

Name, in order, the Presidents from Washington to Arthur, with dates. Name the States from which each came; length of service; chief official acts, and most important National events occurring in the administration of each.

III. GEOGRAPHY.

1. Define latitude, longitude, zone, isthmus, cape, strait.
2. Name and locate the seven largest cities in the United States.
3. Name the States, Territories and chief cities through which one would pass in an all-rail trip from New York to San Francisco.
4. Can you go from Chicago to Vienna by water? How?
5. What is a continent? Name the continents in the order of their size.
6. Name, in the order of size, the ten largest States, and locate their capitals.
7. Name and locate, in the order of their importance, the five chief islands of the world.
8. Name the countries of Europe, in the order of size, beginning with the largest.
9. Name and locate the principal commercial cities of Asia—of Africa.
10. Describe the Nile, Rhine, La Plata.

IV. ENGLISH GRAMMAR.

1. Name and define the different parts of speech.
2. Give the principal parts of the following: rule—lie—think—sit—lay—set—write.
3. Give rules for writing the possessive singular and plural of nouns, and illustrate by examples.
4. Correct the following, giving reasons: "Let each esteem others better than themselves." "It is not me that he is angry with." "I fear we will have rain."
5. Give the uses of "what." Exemplify.
6. How determine whether a verb is transitive or intransitive?
7. Write a sentence containing the word "that," used as a conjunction.
8. What is the grammatical subject of a sentence?—the logical subject? Illustrate.
9. Define simple—compound—complex, as applied to sentences.
10. Use each of the following words as an adverb, then as a connective: yet—then—when.

V. ARITHMETIC.

1. Give the rules for adding, subtracting, multiplying and dividing fractions.
2. Add $\frac{2\frac{1}{2}}{3\frac{1}{4}}$ and $\frac{5\frac{3}{4}}{6\frac{1}{2}}$. Write out the work fully.
3. Define the following words: *Multiple—ratio—proportion*.
4. What is the least common multiple of $12\frac{1}{2}$, $8\frac{1}{2}$, $6\frac{3}{4}$, $3\frac{1}{7}$, 5?
5. Express, decimally, the ratio of $\frac{3}{5}$ to $\frac{7}{8}$.
6. What are decimal fractions? Express in words, .0060009.
7. At the rate of one per cent. per annum, what is the interest of one cent for six months?
8. What is the test of true proportion? If the first, third and fourth terms of a proportion are $5\frac{1}{2}$, 7, $12\frac{1}{2}$, respectively, what is the second term?
9. By proportion: If 18 pipes, each delivering 6 gallons per minute, fill a cistern in 2 h. 16 min., how many pipes, each delivering 20 gallons per min., will fill a cistern $7\frac{1}{2}$ times as large as the first, in 3 h. 24 minutes?
10. What is the rule for computing interest on endorsed notes?

VI. ALGEBRA.

1. Give the axioms on which all the operations in algebra are founded.
2. Define positive and negative quantities, and give the rule for the signs.
3. What is the theorem for the square of two quantities?—for the square of the difference?—for the product of the sum and difference?
4. How are exponential quantities multiplied?—how divided?
5. What is an equation? What determines the degree of an equation? Write an equation of the first degree;—of the second degree.
6. Give the three modes of elimination, in simple equations of two or more unknown quantities.
7. Give the binomial theorem. By it involve $(x+y)$ to the fifth power.
8. Reduce $(72a^3y^6)^{\frac{1}{2}}$ to its simplest form. Reduce $2\sqrt{3a}$ to the form of the square root.

9. What is a pure quadratic equation?—an affected quadratic? Write an example of each.
10. What are the two modes of completing the square? $\frac{10+x}{x} + \frac{10-x}{5} = 4$ Find the two values of x . Show work in full.

VII. PLANE GEOMETRY.

1. Define, *point—line—surface—solid—geometrical figure—geometry—plane geometry*.
2. What is an *angle*? How are angles measured? Name and describe the three kinds of angles.
3. Name and describe the four kinds of triangles. Name and describe the quadrilateral figures.
4. Define, *convex polygon—concave polygon—re-entrant angle*.
5. What is an *axiom*?—a *theorem*?—a *problem*?—a *postulate*?—a *proposition*?—a *corollary*?
6. Give the axioms on which the science of geometry is founded.
7. The angles which one straight line makes with another, upon one side of it, are either two right angles, or are together equal to two right angles. Draw diagram and demonstrate.
8. If one side of a triangle is produced, the exterior angle is equal to the sum of the two interior and remote angles; and the sum of the three interior angles of every triangle is equal to two right angles. Demonstrate.
9. Demonstrate that the square described upon the hypotenuse of a right-angled triangle, is equal to the sum of the squares described upon the other two sides.
10. Demonstrate that an inscribed angle is measured by half the arc included between its sides.

VIII. ELEMENTARY PHYSICS.

1. Give the law of gravity. Define *vertical—weight*. Why has a pound of oats as much weight as a pound of lead? Is a drop of mercury on a hard surface perfectly round? Give reason for answer.
2. Define *specific gravity*. Give the law about fluids of different specific gravity. When does a body float in water?—sink?—why?
3. Define *cohesion*. Which is stronger, rolled iron or cast iron? Why? Define *tenuous—hard*.
4. Define *adhesion*. What is the effect of immersing the hand in *water*? in *mercury*? Why? Define *capillary attraction*.
5. Define *elasticity—brittle—malleable—ductile*. Give example of each. Give the principle of the diving-bell.
6. Describe the barometer, giving its construction, the principles involved, and its uses. If a barometer be taken to the top of a mountain, will the mercury rise or fall? Why?
7. What is an inclined plane? Give three examples. How should roads up steep mountains be constructed? Why? Define the lever. How find the amount of power needed to lift a given load? To which class of levers does the oar belong? Why?
8. Compare the action of the bellows with the action of breathing. Explain the act of drinking, of smoking. Could we breathe in a vacuum? Explain. What is the principle of the common pump?
9. What is sound? Its cause? Give velocity of sound. Why do some bodies give a louder sound than others? Why is it so quiet on the mountains?
10. Define *evaporation*—when does it take place? What changes does it effect? What is *rain*?—*snow*?—*hail*?—*dew*?—*fog*?—*cloud*?

QUARTERLY MEETING, SPRINGFIELD, JULY, 1884.

THE regular quarterly meeting of the ILLINOIS STATE BOARD OF HEALTH was held in its rooms in the Capitol building at Springfield on Wednesday, July 2, 1884.

Present, at the afternoon session, Drs. Haskell, Mackenzie, Kreider and Rauch; Dr. Haskell presiding in the absence of the President; and, at the evening session, in addition to the above, Newton Bateman, the President, in the chair.

The minutes of the last quarterly meeting, April 17 and 18, were read and approved; after which the regular order of business was suspended, and the BOARD went into executive session on certain cases of colleges and practitioners under the Medical Practice Act.

At the evening session, the following quarterly report of the Secretary was presented:

QUARTERLY REPORT OF THE SECRETARY, APRIL 1—JUNE 30, 1884.

During the quarter ended June 30, 1884, there were received in the Secretary's office 604 communications, letters, papers, etc., exclusive of 107 diplomas submitted for verification, and the affidavits and other papers accompanying applications for certificates in 246 cases. There were sent out, during the same period, 827 letters, postals, circulars, etc., and other communications, and the usual quantity of the BOARD's publications—Reports, Registers, Preventable-Disease Circulars, Epidemic Disease Blanks, Forms of Ordinances, etc. Two hundred and forty-two packages were received, and 212 sent out, by express. Seventy-three telegrams received, and 102 sent.

Certificates and Licenses:

Certificates entitling to practice medicine and surgery, under the Medical-Practice Act, were issued to 170 graduates upon diplomas of colleges which have complied with the requirements of the BOARD, entitling them to be classed as in good standing, and to 4 upon length of practice in the State.

Under the authority conferred upon the Secretary at the last meeting, seventeen applicants for certificates, holding diplomas of colleges which had not fully complied with the BOARD's requirements, have been notified that they would have to submit to examinations on the branches or subjects omitted by their respective schools. In nine of these cases, the applicants have already been examined and certificates issued; five of these were examined in

hygiene only; three in hygiene and general education; and one on all the branches, including general education. Three declined to appear to be examined, and the remaining five are now awaiting examination.

Examinations of five midwives have been made, and certificates issued to three of these who passed successfully; and seven to others upon diplomas and licenses, or other recognized credentials.

The Medical-Practice Act:

Since the last meeting of the BOARD, the Dr. C. Buell Rice, to whom a certificate was refused at the special meeting of January 30, has been tried and convicted of practicing in violation of the Medical Practice Act. The case was tried in the Sangamon County Court, May 19, before His Honor, Judge Matheny.

The defense set up the plea that, being a graduate of a "legally chartered medical institution in good standing," the defendant was entitled to a certificate; and that it was not competent for the BOARD to inquire into the moral or professional character of such graduates.

On the part of the prosecution it was shown that charges had been presented to the BOARD, alleging that Rice was in the employ of, and associated with the "K. and K. Surgeons," a firm of advertising quacks from Cincinnati and elsewhere, and that, in various ways connected therewith, as recited at the special meeting January 30, his conduct was unprofessional and dishonorable, within the meaning and intent of the Medical-Practice Act; that upon these charges the BOARD had refused to issue Rice a certificate until he had disproved the same; that instead of making any attempt at such disproof, Rice continued to practice; whereupon he was arrested for practicing without the necessary certificate.

The facts were admitted by the defense, but, as already stated, the Court was asked to dismiss the suit on the ground that it was obligatory on the BOARD to issue its certificate to the possessor of a genuine diploma of any "legally chartered medical institution in good standing," regardless of the moral or professional status of the individual. This the Court declined to do, but found the defendant guilty, and assessed a penalty of \$50 and costs. Notice of appeal was at once given by the attorneys for the defense, but this was subsequently abandoned, the fine and costs were paid, and this last representative of the "K. and K. Surgeons" has left the State.

WHILE this decision again affirms the right and duty of the STATE BOARD OF HEALTH to inquire into and determine the status of individual practitioners, a decision by the Supreme Court of the State, rendered May 19, ult., sustains the right of boards constituted as is the STATE BOARD OF HEALTH, to determine the status of a college. Under the act to regulate the practice of dentistry in Illinois, the Supreme Court refused the petition of a dentist, one Isaac N. Sheppard, for a writ of mandamus to compel the State Board of Dental Examiners to issue him a certificate or license based upon a diploma of the Indiana Dental College. The Board refused the license on the ground that the college was not a

"reputable" institution. It was held that the law constitutes the Board judges of the standing of a college, and there is no power of review vested in any other body.

Mr. Justice Scholfield, in delivering the opinion of the Court, used the following language: "As a part of the current history of the times, and as an aid in arriving at the legislative intention, we know there were colleges of different kinds authorized by the laws of States in which they were located, and in which there were pretended to be annually delivered full courses of lectures, and instruction upon the arts and sciences professed to be taught, that were not 'reputable' because they graduated for money, frequently without any reference to scholarship. A diploma from such an institution afforded no evidence of scholarship or attainments in its holder. It was a fraud, and deserved no respect from anybody, and it was as against such diplomas the law was intended to protect the public, and therefore required that the colleges be 'reputable.' Whether a college be reputable or not, is not a legal question, but a question of fact. So also are the requirements in regard to the annual delivery of full courses of lectures and instruction. These questions of fact are, by the act, submitted to the decision of the Board,—not in so many words, but by the plainest and most necessary implication. Their action is to be predicated upon the existence of the requisite facts, and no other tribunal is authorized to investigate them, and of necessity, therefore, they must do so. The act of ascertaining and determining what are the facts, is in its nature judicial. It involves investigation, judgment and discretion.

In the exercise of this judgment and discretion, the Board had decided that the curriculum of study and requirements for graduation of the Indiana Dental College, were not such as to entitle it to be classed as a 'reputable dental college,' and there is no power in the law given to any person or body to review and set aside or confirm the exercise of this discretion by the Board. So, upon the refusal of the Illinois State Board of Dental Examiners to grant a license to a person whose application was based upon a diploma issued by a dental college, mandamus will not lie to compel the Board to grant the license; because, to entitle the applicant to a license, the diploma must have been issued by a 'reputable' dental college, and whether the college is a 'reputable' one, is, under the statute, within the judgment and discretion of the Board to determine."

It is also noted in this connection that two colleges which the STATE BOARD OF HEALTH has long refused to recognize as in good standing have recently met with signal and final defeat in their efforts to secure a legal rehabilitation. The New York Court of Appeals has affirmed the judgment rendered by the Supreme Court of that State about a year ago, in the case of the United States Medical College of New York, setting aside the charter of that institution. As this appeal was understood to be taken as a test case by the attorneys for the Buffalo College of Physicians and Surgeons, this decision is to be regarded as conclusive on this college also.

THERE have been fewer complaints made direct to the BOARD of unprofessional conduct, and fewer cases of this kind otherwise coming under observation during this quarter, than ever before in the history of the BOARD.

Anderson.—The man J. E. Anderson, of the "American Surgical Institute" of Indianapolis, previously run out of Paxton, Tolono, and elsewhere, was arrested in Freeport the 9th of May for practicing in violation of the law. The case was clearly made out, Anderson pleaded guilty, a fine of \$50 and costs was assessed, which he paid and at once departed for his Indiana home. A list of some of his victims in the northern part of the State has been furnished me.

Riley.—About the middle of June an itinerant, by the name of Riley, was arrested in Dixon for violation of the law, and was bound over for trial.

Williams.—Two of the Chicago quacks, Lucas R. and George J. Williams, arrested for circulating obscene and indecent literature through the mails, have recently been tried in the United States District Court, and fined \$200 each, with costs. One of these cases was an aggravated one, many of the vile pamphlets having been sent to school girls at Englewood and elsewhere. I do not hesitate to pronounce the penalties inflicted in these cases as totally inadequate. Although the stereotype plates and the editions found were understood to have been destroyed, one of these men is already again distributing his "Hidden Secrets." The only way to suppress these violators of public decency and morals is to imprison them.

Medical Education:

At the annual meetings of the various medical organizations, State and National, which have been held during the past three months, the subject of the preliminary education of medical students has received more than usual attention. Almost unanimously the individual members of the profession, and the various organizations, with one exception, have pronounced in favor of exacting proof of proper preliminary education before admitting candidates to the lecture classes. There is practically no opposition to the movement, the only dissentients being members of college faculties influenced, probably, by a fear of diminished classes. With few exceptions, and these diminishing in number from time to time, the better class of colleges has already adopted this requirement. Every announcement for the session of 1884-85 thus far received, makes this a distinctive feature; but it is to be wished that the colleges would state specifically in their announcements the kind of examination applicants would be subjected to, or the proof required of fitting education; instead of merely saying—as many of them do—"a preliminary education is required."

As illustrating the wide-spread influence of the effort to heighten the standard of professional acquirements, it may be stated, that at a recent meeting of the Nebraska State Medical Society, the qualifications for admission to membership were so amended as to require that applicants must be graduates of colleges which in all respects conform to the standard of minimum requirements of this BOARD.

In the further interest of medical education, I think it the duty of the Board to exert its influence toward securing legislation for the proper and adequate supply of material for the study of practical anatomy. Colleges in this State have been embarrassed during the past year or two in their efforts to properly instruct their students in this most important branch, and the difficulty is increasing. Surgical knowledge and skill cannot be acquired without an intelligent practical study of anatomy; and in order to secure this, the methods and sources of the supply of material need to be recognized and regulated more definitely by law.

The Public Health:

Scarlet fever and small-pox prevailed to some extent during the first half of the quarter, mainly in the southern portion of the State. Except the few cases in Chicago, and those in Kendall county, all the small-pox cases occurred in the south half of the State, but scarlet fever was more generally diffused. Both diseases have been of a mild type, with a moderate death-rate. As the season advanced there has been the usual increase in the diseases of hot weather, but not characterized by any noteworthy features.

Although eight cases of small-pox have been brought into Chicago from other places since January 1st, 1884, only one case was contracted from any of these by a resident of the city. Three of these eight cases were Indians, brought in from the Indian Reservation; two were from Indianapolis; one from Cincinnati; and two from the town of Cicero—said to have been contracted from a tramp from Ohio. One of the Indianapolis cases reached Chicago four days before the appearance of the disease, and from him resulted the only case that originated in the city—a man with whom he slept one night contracting it from him. In no other case was there any spread of the disease; and the methods of dealing with cases as they appear, the details of disinfection, the general vaccinal protection of the community—especially of the 70,000 school children, and the large number of poor people—are so thorough and perfect, that Chicago, notwithstanding the great railroad travel and large number of transients, is now one of the safest cities in the Union in this respect.

At the close of the last quarter small-pox existed in Centralia, Marion county; Charleston, Coles county; and Coulterville, Randolph county. Owing to municipal neglect and a mistaken idea of economy, the disease obtained a foothold in Centralia which it subsequently required great effort to overcome, besides creating alarm and apprehension in neighboring communities. In fact, the disease was conveyed from this place to Irvington township, Washington county; to Belle Rive in Jefferson county, and to Springfield. The first case in Centralia was treated, it is stated, by Alexander Jones, whose certificate the Board revoked, at the January meeting, for unprofessional and dishonorable conduct. It is alleged that Jones treated the case without any of the necessary precautions; not reporting it to the authorities, nor in any manner guarding against spread of the contagion. The patient was treated during the entire illness in a room separated only by a curtain from a shoe shop, on one of the most frequented streets of the town; and the shop was

visited daily by numbers of persons. It is believed that all the cases in Centralia—32 in number with 6 deaths—as well as those in Washington, Jefferson and Sangamon counties, were primarily due to the criminal conduct of this man Jones. The BOARD has exhausted its authority in dealing with him by revoking his certificate, since he claims the exemption of the ten-years prior-practice clause of the Medical-Practice act. In charging him, however, with being primarily responsible, it is not meant to exonerate the municipal authorities from all blame; for as early as the 8th of March they were duly notified of the existence of a case resulting from this first concealed case.

From the tramp who carried the disease into Charleston, Coles county, as reported at the April meeting, there resulted five other cases, making a total of six cases, and three deaths. The first of this last group of cases was a man who visited the tramp. In the usual time he came down with the disease, and died on the thirteenth day.

At Coulterville, Randolph county, also mentioned in my last report, there were five cases with one death in the first outbreak, which was caused by a negro roustabout who had contracted the disease on the river. Notwithstanding a rigorous quarantine, of isolation and other precautionary measures, some obscure cases of varioloid followed this first outbreak; and through failure to correctly diagnose the early cases of this second group (which were not characteristic) the disease still continues. The condition of affairs at this place, and a conflict of opinion as to some of the cases now under treatment, led me to visit the locality personally, on the 28th of June, when I found two well-marked cases of small-pox and one of varioloid. The severer of the two, which will probably prove fatal was in Perry county just over the line; but instructions were given to the Coulterville authorities to extend their quarantine jurisdiction so as to embrace this case, and to vaccinate, or revaccinate, all persons in the compromised area who had not been successfully protected within the last two and a half years. The spirit manifested by the village authorities, the physicians and citizens whom I met, warrant the belief that this outbreak will now soon be suppressed. I communicated also with the county commissioners and county clerk of Perry county, and feel assured of their coöperation and assistance.

The outbreak at Yorkville, Kendall county, was due to a young man recently arrived from New Orleans, who had an unrecognized case of varioloid. A large number of persons were exposed before the facts were known, and a total of nineteen cases with four deaths resulted. So much excitement was caused by the first group of these, some fourteen in number, eleven of which appeared in rapid succession between March 27 and April 2, and in several localities, that I found it necessary to visit the town personally. The published instructions of the BOARD were thoroughly carried out, a supply of vaccine virus obtained, and all unprotected persons at once vaccinated. Notwithstanding the number of centers of infection, only five more cases resulted—the last after an interval of fully a month. The speedy suppression of the outbreak, which promised to be very

serious at the date of my visit, was due to the prompt and efficient coöperative action of the authorities of the four separate jurisdictions in which the cases appeared.

The detailed reports of these cases have been received, and from them the usual state of facts concerning vaccination is found; that is, of the four fatal cases, three had never been vaccinated at all, and the remaining one had had small-pox when young, had been vaccinated seven or eight times unsuccessfully—"it never would work"—owing probably to the previous attack of small-pox, the protection from which seems to have been exhausted prior to this last exposure. Of the fifteen who recovered, two had never been vaccinated at all; one, not until after the febrile stage of the disease had begun; and four others, not until after exposure. None of those attacked had ever been revaccinated.

There have been seven cases of small-pox with two deaths among colored steamboat hands at East St. Louis, all contracted on the river. These cases were removed, as soon as discovered, from time to time, to the St. Louis small-pox hospital; and about the last of May, I received a communication from the Health Commissioner of St. Louis, stating that the East St. Louis patients were the only ones then in the hospital, and that the institution was kept open solely for the benefit of the latter place. While this is technically true, the relations of the two places are such, that what is done for the one in such a matter as this is really done for both. However, I again visited East St. Louis and discussed the situation with the authorities, and am glad to be able to state that a board of health has since been organized, the Burial-permit Ordinance prepared by the Board has been adopted, and there is some prospect of an improved sanitary condition.

Isolated cases of the disease have also occurred during the quarter at Mound City, Pulaski county, one case, probably contracted on the river, no spread; at Red Bud, Randolph county—one case contracted in Cairo, no spread; in Irvington township, Washington county—two cases contracted in Centralia, and one from these in the person of the nurse, who had had small-pox when young; at Belle Rive, Jefferson county—one case contracted in Centralia, no spread; in the country six miles south of Nashville, Washington county—one case contracted in Coulterville, and from this four more cases in the same family; Ashmore township, Coles county—one case contracted in nursing an unreported case on the county poor farm, patient had had small-pox when young; and in Springfield, Sangamon county—one case contracted in Centralia, no spread up to date.

Although the contagion has been repeatedly introduced into Illinois from without, during the past winter and spring, we have been fortunate in escaping it by immigrant introduction thus far. Neighboring States have been less favored, Iowa, for example, having now a serious outbreak, upwards of twenty cases in one county, all among immigrants landed at Baltimore from the steamer *Salier*, of the North German Lloyd's line. The want of appropriations, whereby the National Board of Health might continue its immigrant inspection service, is seriously regretted.

With regard to further action concerning small-pox, in view of its probable epidemic spread from abroad, as shown by its increasing prevalence in London and elsewhere, and its frequent introduction into Illinois from neighboring States, I would suggest that it is desirable to call the attention of sanitary authorities and others to these facts, and to the experience of the past few months, which shows that when the disease is introduced into a community where vaccination and revaccination were not thoroughly carried out during the recent epidemic, there is still danger of serious trouble, as illustrated at Centralia, Coulterville and Yorkville. It is also important that county superintendents, school boards and others interested, should have their attention again directed to the fact, that the school-vaccination order of the BOARD is permanent and continuous; and that its thorough enforcement is expected so as to prevent accumulation of unprotected, or imperfectly protected scholars from term to term. To this end I think it necessary to again print and distribute copies of the order, with necessary instructions, together with supplies of certificates and blanks for returns, to be made through the county superintendents by the first of January next.

The Cholera:

An epidemic spread of Asiatic cholera now seems imminent. What is known as the Damietta outbreak failed to secure a foothold in Europe last year, and with the exception of a few isolated cases in Russia, and one fatal case at the Smyrna lazaretto—all in July of 1883—it is believed that the disease from this outbreak was confined to the Delta of the Nile. France, it is true, was threatened by the arrival at Havre of the steamer St. Bernard in June last, with one case on board; but preventive measures were successfully instituted on that occasion, and the evil then averted. About the 1st of May, 1883, the British troop-ship Crocodile was reported in quarantine at Portsmouth, England, having then had eight cases of cholera on board, six of which proved fatal; but on this occasion also the disease seems to have been confined to the infected vessel. The French have been less successful in their recent precautionary attempts if it be true, as is now alleged, that the Toulon outbreak was due to a fatal case on board the transport Montebello, from China, the infected clothing of the case not being destroyed. Later advices state that the disease was brought from Egypt in the troop-ship Surthe. It has already spread to Marseilles, and cases are reported in Italy and elsewhere.

Whether the disease will cross the Atlantic from the East will largely depend, of course, upon the efficiency of the measures employed to confine the contagion to its present localities. Very general activity is manifested by all the European governments and sanitary authorities, and it is to be hoped that they may prove successful, although the dissenting opinions of the English authorities as to quarantine may lead to friction between them and the continental authorities. Meanwhile we are threatened not only from Europe but from the opposite side of the globe, cholera seeming to be spreading in China and to have broken out in Japan.

In view of this condition of affairs, I have thought it my duty, on behalf of the BOARD, to urge that the organization of the National Board of Health should be maintained, and have advised to that effect, hoping that it may be possible to still secure the necessary appropriation for this purpose in the sundry civil-service bill. Should cholera continue to spread on the Continent it is more than likely to find an entrance into this country, despite the efforts which may be made by local and State authorities to exclude it by quarantine regulations. Want of uniformity, failure to coöperate, commercial considerations, and local conditions all combine to impair the efficiency of any system of quarantine; and to the extent that these obtain, in the absence of a uniform system, is the danger of failure increased. The remedy, of course, is in the National control and administration of quarantine; and the present emergency furnishes another argument for the continuation of the National Board of Health, with adequate appropriations and increased power and authority.

As to what should be done by us as a BOARD in the present aspect of affairs, I would say that my own experience and observation lead to the conclusion that it is not judicious to place entire reliance on quarantine measures, no matter how administered, should the disease become epidemic in countries or points with which this country has close commercial relations. As Asiatic cholera, although it may invade places in good sanitary condition, finds its most congenial habitat where filth in any form abounds, the best attainable sanitary condition; clean streets and premises; the prompt and proper disposal of organic refuse, night-soil, and all forms of sewage; well ventilated habitations, with dry, clean basements; a pure and sufficient water supply; and good individual hygiene, including personal cleanliness, proper diet, and regular habits of life—these are the best safeguards against Asiatic cholera, as they are against most diseases. If it should, unfortunately, appear in a locality whose sanitary condition is good, as thus outlined, there is every reason to anticipate its prompt arrest by well-understood measures—thorough isolation of cases, disinfection of discharges, etc. Cholera is pre-eminently a disease to be fought by sanitation.

Professor Koch's recent researches, by which he claims to have discovered the existence of the cholera bacillus, promise something in the way of special prophylaxis; and in so far as this is in a direction to which a great mass of empirical knowledge points, it may be worth while calling attention to this feature. I allude to the practical point which Koch has demonstrated, of the development of the bacilli in alkaline moisture, and its arrest or destruction by acids. If further experiments confirm this proposition, the preventive treatment of Asiatic cholera may come to be a matter of as much certainty as the prevention of small-pox.

Yellow Fever:

A conference of the representatives of the boards of health of the Gulf States was held at the request of the newly-organized Louisiana State Board of Health, in New Orleans, on the 2d, 3d and 4th of June; the object of the conference being to bring said boards

into harmony, and, if possible, to devise and recommend improvements in the systems of quarantine in vogue along the Gulf coast. Representatives of the General Government, of the Auxiliary Sanitary Association, and of the various commercial organizations of New Orleans, were also present by invitation. The proceedings were characterized by moderation, and a gratifying display of mutual confidence and a desire for thorough coöperation. Many practical suggestions were made, and, on the whole, the conference would seem to promise more of benefit than anything of the kind that has occurred of late years in that region—provided the means necessary to put into effect the wishes and intentions of those concerned be forthcoming. Meanwhile, as already stated at our last meeting, the Sanitary Council is prepared to adopt, if it should become necessary, the same line of action in regard to the prevention of the introduction of yellow fever, or other epidemic diseases, into the Mississippi Valley, which it pursued in 1883.

Contagious Diseases of Animals:

Cases of glanders and other infectious diseases continue to be reported to the BOARD. On the 28th of June, Dr. C. N. Cooper, of Batavia, Kane county, reports having a patient under treatment suffering with glanders, and wishes instruction and advice as to his action. The amended Pleuro-pneumonia and Glanders Act has by no means relieved the BOARD of responsibility in these cases. The public naturally apply to the health authorities in matters pertaining to health, and thus far the State Veterinarian is only reached, in a large number of cases, through this office. Whether further legislation is necessary on this subject, and what form it should take, are matters which seem to require the consideration of the members.

National Conference of State Boards of Health:

In accordance with the authority give at the last meeting, I attended the conference of representatives of State Boards of Health, held during the recent session of the American Medical Association, in Washington. An organization was effected, officers elected, and plans adopted for securing coöperative action by the various boards in the event of any emergency arising to threaten the sanitary interests of any of the States in common. Meetings will be held during the annual sessions of the American Public Health Association for the interchange of views and the furthering of the plans and objects of the organization.

Respectfully submitted.

JOHN H. RAUCH, *Secretary.*

At the conclusion of the reading of the Secretary's report, which was accepted and ordered to be placed on file, the following resolutions, looking to putting into effect the various suggestions embodied in the report, were adopted:

Resolved, That the importance of the study of practical anatomy, as a foundation for surgical knowledge and skill, demands that the supply of material for this study be more definitely regulated, and its necessity recognized by law; and the ILLINOIS STATE BOARD OF HEALTH respectfully urges the attention of lawmakers to these considerations.

Resolved, That the increasing prevalence of small-pox in London and elsewhere, and its frequent introduction into Illinois from neighboring States within the last few months—indicating a probable renewal of the epidemic tendency—make it desirable that vaccinal protection be secured as fully as possible in every portion of the State, and to this end the Secretary is hereby authorized to call the attention of sanitary authorities and others to the subject, and to take the necessary steps to push the further enforcement of the School-Vaccination Order of the BOARD, so that all new scholars who have not heretofore complied with its provisions may be properly protected against small-pox before the advent of cold weather.

Resolved, That, while epidemic cholera may be excluded from the country by thoroughly enforced quarantine regulations, yet the best attainable sanitary condition of every locality in the State should be secured, so that in the event of Asiatic cholera effecting an entrance notwithstanding quarantine, the disease may be met and fought under the most favorable circumstances. The Secretary is, therefore, hereby authorized to take such action as, in his judgment, will most promptly attain a thorough sanitary organization of the State, and the adoption and enforcement of the measures necessary to improve its general sanitary condition.

On motion of Dr. Haskell, the Secretary was given discretionary authority to act for the BOARD in any case of emergency which may arise in the intervals between the regular meetings.

During the executive sessions the cases of a number of colleges, with reference to the requirements of the BOARD and their standing under the Medical-Practice act, the important features of the office correspondence during the quarter and the cases of a number of practitioners were considered, and the following action was taken:

Medical Colleges.—To an inquiry as to whether “a voluntary examination in preliminary requirements, such as are stipulated” by this BOARD, will be accepted as a compliance with the BOARD’s Schedule—the Secretary was instructed to respectfully refer the faculty of the institution to the language of the Board defining the standard entitling a college to recognition in Illinois.

In the matter of a college which had previously promised a stricter compliance with the BOARD’s requirements, the Secretary was authorized to notify the faculty that, in view of the qualifications of its graduates of the session of 1883-84, as developed by the examination of some of them by this BOARD, it will be impossible to recognize the college as in “good standing” unless a very radical change be made in its methods and requirements for graduation at the coming session.

In the case of a recently re-organized school—previously not recognized by the BOARD—its representative, who appeared in person submitting claims for recognition, was advised that the BOARD could make no promises in advance as to its action; but that the recognition of any given college depended solely upon its actual and *bona fide* compliance with the published schedule of minimum requirements.

A communication from a dental college, urging that the BOARD should modify its requirements for graduation from medical colleges in the case of those who purposed to practice dentistry only, was laid upon the table.

Kingsley.—In the case of the application of V. C. T. Kingsley, of Danville, for a certificate, the Secretary was instructed to communicate with that gentleman regarding his methods of practice.

Tripple.—Upon proof submitted, sustaining charges of “unprofessional and dishonorable conduct,” the certificate of Fritz Tripple, of Trenton, Clinton county, was ordered to be revoked.

Becker-Meyer.—The certificates of William Becker, of Mokena, Will county, and Servetus Meyer, of Beecher, Will county, were also ordered revoked, it having been ascertained by the Secretary that neither of them were graduates of the University of Bonn as they had claimed to be.

JULY 3.—At the morning session sundry routine business was disposed of; the auditing committee reported back bills amounting to \$2,148.22—examined and found correct. At 11:30 a. m. the BOARD adjourned.

QUARTERLY MEETING, SPRINGFIELD, NOVEMBER, 1884.

THE regular quarterly meeting of the STATE BOARD OF HEALTH was held in the rooms of the BOARD in the Capitol Building at Springfield, on Thursday, November 20, and Friday, November 21, 1884. Present, Newton Bateman, President, and Drs. Clark, Mackenzie, Kreider, and Rauch.

After the reading and approval of the minutes of the last meeting, the BOARD suspended the regular order of business for the consideration of charges against certain practitioners under the Medical-Practice Act.

At the evening session the Secretary presented the following

QUARTERLY REPORT:

During the quarter ended Sept. 30, 1884, there were received in the Secretary's office, 1,623 communications, letters, reports, etc., and 3,472 letters, postals, and other written communications were sent out. Of printed matter there were distributed 2,680 copies of the Fifth Annual Report and upwards of 200,000 copies of other printed matter—the mail and express packages sent out during the quarter aggregating 8,982 pounds' weight, or over four tons.

Among the more important written and printed documents distributed were those—

Concerning vaccination of School Children, sent to about 12,000 school districts, through the County Superintendents.

Concerning the Sanitary Inspection of Public Buildings—especially of alms-houses, jails, and similar institutions—sent to County Commissioners, Boards of Supervisors, and other officers.

Concerning the Sanitation of Railway Buildings, Grounds and travel, sent to the general officers of thirty-three railway companies operating in this State.

Concerning Preventable Diseases, sent to localities in which small-pox, scarlet fever, diphtheria, or typhoid fever appeared.

In connection with these latter circulars, the blanks for Reports of Epidemic Diseases have been revised, and a new edition has been partly printed, together with a circular of instructions for their use.

A pamphlet of 51 octavo pages has also been prepared, printed, and distributed, containing the Public Health Laws of Illinois; the Form of an Ordinance for the Protection of the Public Health, sug-

gested for adoption by communities which have no health organization, and for substitution for existing health ordinances which have been found defective or inoperative; Rules and Regulations Concerning Contagious Diseases; Concerning Vaccination; Concerning the Sanitation of Smaller Cities and Towns; and Concerning the Principles and Practice of General Sanitation.

Medical Practice:

State certificates, entitling to practice medicine and surgery in Illinois, were issued to 105 graduates, eighty-eight of which were granted upon the diplomas of medical colleges in good standing; six, upon examination in omitted branches, to graduates of colleges which had not fully complied with the Schedule of Minimum Requirements of the BOARD; and eleven, upon presentation of evidence of proper preliminary education, to graduates of colleges, otherwise in good standing, but which had not yet enacted a matriculation examination at the beginning of the session of 1883-84. There were also issued eight duplicate certificates upon affidavits of the loss or destruction of the originals, and one certificate based upon length of practice in the State.

To midwives, six certificates have been issued upon the diplomas or licenses of recognized schools of midwifery, and three upon satisfactory examination.

Quacks and Disreputables:

With the exception of those in Chicago, the fraudulent advertising quacks and disreputable specialists seem to have been pretty well weeded out of the State. For the first time during a like period since the passage of the Medical-Practice Act, there have been no complaints received concerning this class, except as above indicated. After repeated attempts, a grand jury was at last found which indicted eleven of the more prominent of those in Chicago, during the month of July; but thus far none of the number have been convicted.

R. C. Flower.—The noted quack R. C. Flower, of Boston, Mass., has finally abandoned his efforts to secure a foothold in Chicago. By means of insidious and plausibly worded advertisements, frequently over a column in length, he succeeded in doing quite a thriving business for a time, and charged the most exorbitant fees. Unable to comply with the law and obtain a State certificate, and being refused an itinerant license, he was compelled to make appointments with his patients at Michigan City, Indiana, and at Davenport, Iowa, only venturing to stay in the State for a day or two at a time, and leaving before his arrest could be effected. Some of his dupes and victims have lodged complaint against him, and are now anxious to secure his arrest and punishment.

Frank B. Smith.—The suit of Frank B. Smith, one of the "K. & K. Surgeons," against the Secretary of the BOARD for \$50,000 damages, alleged to have been sustained by the revocation of his certificate on charges of unprofessional and dishonorable conduct, was brought in the United States District Court at Detroit, Mich., and the plaintiff mulct in costs.

Public Health:

Small-pox, noted as existing in isolated localities in the southern portion of the State at the date of the last report, was practically extinct at the close of the quarter, with the exception of a few cases in Marshall county, the contagion of which was introduced from Indiana. Reports of a serious epidemic of the disease in Ballard county, Ky., threatening Cairo and the line of the Illinois Central Railroad, led me to visit the locality early in August, after communicating with the Secretary of the Kentucky State Board of Health. The precautions necessary to protect the threatened region of our own State were instituted, and these were efficiently supplemented by the action of the management of the Illinois Central, under the direction of the Superintending Surgeon, Dr. John E. Owens.

Notwithstanding the freedom of the State from this disease at the present time, and its subsidence abroad, the necessity for vaccination and revaccination in all localities where there are still unprotected individuals is likely to become apparent upon the approach of cold weather, and it is incumbent upon local health authorities to secure the fullest protection in season.

There has been a diminution in the prevalence of scarlet fever during the quarter, but toward its close there is noted an increase of diphtheria and of typhoid fever. The demand for the Preventable-disease Circulars of the Board has, in consequence, been much greater than usual, and that on diphtheria has been reprinted, in part or whole, by many newspapers.

In response to a telegram from Dr. Salmon, the veterinary expert of the Department of Agriculture at Washington, I went to Peoria on the night of the 17th of August, and on the following day examined some cattle suspected of being infected with pleuro-pneumonia. The post-mortem examination of one of these animals confirmed the diagnosis, and since that date the disease has been detected in several other localities. Occasional cases continue to be reported, but the State Veterinarian believes the outbreak is in a fair way to be suppressed. The necessity for additional legislation on the subject of the contagious diseases of animals, already suggested from time to time in these reports, is emphasized by this outbreak.

Sanitary Inspection and Work:

The results of the efforts made in accordance with the instructions of the Board at the last meeting, to secure a general inspection and improvement of sanitary conditions, have been very gratifying. Reports from 230 cities, towns and villages have thus far been received in reply to the circulars sent out, and an immense amount of work has already been accomplished in remedying the defects disclosed by the inspection. In many localities it is known that reports are deferred until the completion of work already being pushed forward in anticipation of the advent of cholera next year.

I have personally inspected a number of the State institutions, and find them in as good sanitary condition as could be expected in view of obvious faulty construction, or location, from a hygienic standpoint. Such suggestions of improvement as I have found it necessary to make, have been carried out as far as practicable.

Responses to the special circular concerning Railway Buildings, Grounds, and Travel, have been received from sixteen companies, comprising the more important of all the roads operating in Illinois.

On the whole, there is cause for congratulation in the progress already made in this effort of the BOARD to secure the best attainable sanitary condition of the State as the most efficient and valuable mode of warding off an epidemic of Asiatic cholera.

It is to be wished, however, that the newspaper press, especially in the smaller cities and towns, would devote some of their space to articles urging the fundamental importance of individual sanitary effort. Without this, boards of health and health officers are to a great extent inadequate to cope with some of the more serious evils. A large portion of the community needs to be taught that personal cleanliness and cleanliness of the household and premises are among the highest results of sanitary science, and that of themselves they constitute the best safeguards against contagion and preventable disease.

The Cholera:

Soon after the adjournment of the last meeting of the BOARD the spread of Asiatic cholera in Europe and the indications of its possible cis-Atlantic extension became so threatening that on the 17th of July I addressed a communication to the Hon. Erastus Brooks, of New York, Chairman of the National Conference of State Boards of Health, suggesting that a session of the Conference be held in Washington City, with the view of securing concert of action on the part of all those charged with the administration of public health affairs, of devising some general and efficient system of supervision and notification at all seaports, and of ascertaining authoritatively the plans of the General Government with reference to measures for the prevention and limitation of the threatened epidemic. To this meeting it was proposed to invite the health officers and quarantine authorities of all seaports and boundary towns, the health authorities of important inland cities—especially those in States having no State Boards of Health—and the health authorities of the Dominion of Canada.

The suggestion was favorably received and the time of the meeting was fixed for August 7, but, before that date, the President and the members of the Cabinet, with whom it was desired to confer, had left Washington, so that the chief object for deciding upon the National capital as the place of meeting was frustrated, and this fact, coupled with more favorable news from Europe, led me to propose a postponement to the regular period of meeting, namely, during the session of the American Public Health Association.

The National Conference accordingly met in the city of St. Louis, on October 13, delegates from State boards of health, and from various health organizations in twenty States, and representatives of the Provincial Board of Health of Ontario, and of the government of the Dominion of Canada, being in attendance. The session, which was continued on the 14th and 15th, was devoted entirely to the consideration of the questions above indicated, and the report, formulated on the discussions, addresses, and papers, and adopted by

the Conference, was subsequently indorsed by the American Public Health Association, ordered to be printed, and copies forwarded to the President of the United States and his Cabinet, to each of the Senators and Representatives in the National Congress, to the health officers of cities, to the various State Boards of Health, and to the officers of the Dominion of Canada, and of the Provincial Board of Health of Ontario.

Copies of the report of the proceedings, including the text of a paper by Dr. C. W. Chancellor, Secretary of the Board of Health of Maryland—"Can Epidemic Diseases be excluded by Sanitary Cordons?"; of a memorandum of Quarantine and Sanitary Methods, formulated by the National Board of Health *in re* Asiatic Cholera, prepared by Dr. Charles Smart, U. S. A., member of the National Board of Health, and of my address at the opening of the Conference—"Practical Recommendations for the Exclusion and Prevention of Asiatic Cholera in North America"—have already been furnished to the members of the BOARD. It is not necessary, therefore, at this time, to do more than refer to one illustration, furnished by recent developments, of one of the points made in my address, to-wit: "That we may not know how widely spread the disease is now on the European continent, and we do not know how soon its arrival on our own shores may be announced." The proof of systematic and persistent suppression of damaging information by European authorities, which I then submitted, and is since corroborated by the disclosure of the existence of cholera in Paris for months before the fact was reported, justifies us in suspecting a much wider extension of the area of infection than is acknowledged or known to exist.

The action of the BOARD has already anticipated all the practical measures which have been recommended in the interim since our last meeting; and I do not know that there remains anything more for the BOARD to do in its official capacity beyond a formal indorsement of the report of the National Conference.

Recommendations and Suggestions:

I have to respectfully recommend—

1. That a thorough and systematic sanitary survey of the State be inaugurated by the 1st of January, 1885.
2. That a committee be appointed to prepare revisions and amendments of the laws regulating the practice of medicine and the protection of the public health.
3. That action be taken with reference to the forthcoming meeting of the National Conference of the State Boards of Health, on the subject of Asiatic cholera.

JOHN H. RAUCH, *Secretary.*

Upon the conclusion of the reading, the report was accepted, the recommendations and suggestions were taken up for consideration, and the following action was had:

Sanitary Survey of the State:

Dr. Kreider submitted the following resolution, which was adopted:

Resolved, That the Secretary be authorized to prepare the necessary blanks and instructions, and to distribute the same to the proper authorities of counties, townships and municipalities, for a thorough and systematic sanitary survey of the State, to be begun by January 1, 1885, or as soon thereafter as practicable.

The Secretary explained that it was proposed to begin work in the southern portion of the State, and to work northward as rapidly as the weather would permit, so that by May 1 the sanitary condition of every dwelling in all of its parts, of all premises, out-houses, wells, cisterns, and other belongings, should be made known, the remedy of defects be pushed, and the authority of the State Board be exerted wherever necessary to supplement the efforts of the local authorities of the State to resist the threatened invasion of Asiatic cholera.

National Conference on Asiatic Cholera:

With reference to the forthcoming meeting of the National Conference of State boards of health, to be held in the city of Washington December 10, prox., to consider the subject of Asiatic cholera, Dr. Clark offered the following preamble and resolutions, which were adopted:

WHEREAS, The members of this Board having carefully considered the able and exhaustive paper upon the exclusion and prevention of Asiatic cholera in North America, prepared by the Secretary of the BOARD, find the argument set forth abundantly supported by incontestible facts duly cited in the text, and believe its conclusions and recommendations to be comprehensive, practical and sufficient; and,

WHEREAS, This subject is the most important of any which now demands the attention of those charged with the protection of the public health—involving, as it does, the prevention of a great sacrifice of human life, of an immense money expenditure, and of serious and widespread injury to commerce, manufactures, and all other industries; therefore, be it

Resolved, That a committee be appointed to draft a formal expression of the views of the STATE BOARD OF HEALTH OF THE STATE OF ILLINOIS concerning the measures which should be adopted and enforced by municipalities, States and the National Government for the protection of the country against an invasion of Asiatic cholera.

Resolved, That the action of the National Conference of State boards of health had at St. Louis October 13-15, 1884, on the subject of Asiatic cholera, be, and the same hereby is, approved and indorsed by this BOARD.

Resolved, That the Secretary of the BOARD be authorized to attend the forthcoming meeting of the National Conference in Washington, and to present to said Conference the action of this Board as above indicated.

ON motion of Dr. Mackenzie, the Chair was authorized to appoint the committee, to consist of five members, including the President

as chairman of the committee. Drs. Haskell, Clark, Mackenzie and Rauch, and the Hon. Newton Bateman, were thereupon appointed as members of the committee.

ON motion of Dr. Haskell it was

Resolved, That the appearance of Asiatic cholera in Europe, and the uncertainty as to the power of a National organization to prevent the intrusion of, or to successfully cope with, the disease, make it imperative that a sufficient sum be appropriated by the Legislature, to be used as a contingent fund, to enable the STATE BOARD OF HEALTH to properly deal with the disease in the event of its appearance.

ON motion of Dr. Kreider, the President appointed a committee consisting of Drs. Rauch, Haskell, Kreider, Clark and Mackenzie, to prepare revisions and amendments of the laws regulating the practice of medicine and concerning the public health, to be submitted to the next General Assembly.

Revocation of Certificates:

During the executive session of the BOARD, the case of Dr. Ed. S. McLeod, of Chicago, was considered. The following extract is from the formal notification, citing McLeod to appear before the BOARD and show cause why his certificate should not be revoked for "unprofessional and dishonorable" conduct.

"The charges against you are, that you ply your vocation by means of fraudulent and deceptive advertisements under assumed names, to-wit: Under the aliases of "Dr. James" and "Dr. Lucas;" that in order to secure patients you hold out inducements and promises, and make suggestions, which, in themselves, tend to promote crime and immorality; that you publish and distribute, through the United States mails and otherwise, to all classes of the community, including the youth of both sexes, obscene circulars and pamphlets, for which you have already been once indicted in the United States District Court at Chicago, when you pleaded guilty, was fined \$500 and costs, and your plates and circulars were seized and destroyed by the United States authorities; that such fraudulent, deceptive and demoralizing practices constitute unprofessional and dishonorable conduct within the meaning and intent of the statute, which was enacted for the protection of the people from the ignorant and unscrupulous under the guise of medical practice."

After mature deliberation and a careful consideration of the evidence offered in support of the charges, the certificate of Dr. Ed. S. McLeod was ordered to be revoked.

Bock.—In the case of Dr. George William Bock, of Quincy, to whom a certificate had been issued on an affidavit that he was a graduate of the University of Göttingen—which statement is now denied by the Dean of the University—action was deferred pending the result of further correspondence with the University.

Marshall.—Charges against Dr. Geo. W. Marshall, of Lima, Adams county, advertising as a cancer doctor, were read, also a letter from Marshall promising to cease the unprofessional practice.

THE Auditing Committee reported back bills, amounting to \$2,944.81, as correct, and after the transaction of sundry other routine business the BOARD, at 12 m., adjourned.

SUMMARY OF OFFICE WORK AND MISCELLANEOUS.

THERE were received in the Secretary's office during the year 1884, 3,374 communications, embracing letters, postals, reports, etc., and 5,744 were written and sent—532 being received and 685 sent during the December quarter. Of printed matter—including the Fifth Annual Report (2,857 copies); Preventable-Disease Circulars; Public-Health Laws of Illinois and Sanitary Memoranda; Vaccination Circulars, Instructions and Certificates; Sanitary Inspection Circulars and Instructions, etc.—nearly 250,000 copies have been distributed. During the September quarter, the aggregate weight of the matter distributed by mail and express was over four tons.

THE publications of the BOARD now available, and for which there is a more or less constant demand—exclusive of its series of Annual Reports, Official Registers, and Conspectus of Medical Colleges—embrace the following:

Preventable-Disease Circulars:

No. 1.—Concerning the Prevention of Small-Pox. 8vo., pp. 12. In English, German and Scandinavian.

No. 2.—Diphtheria.—Its Prevention and Control. 8vo., pp. 8. In English and German.

No. 3.—Scarlet Fever.—Its Prevention and Control. 8vo., pp. 10. In English and German.

No. 4.—Typhoid Fever.—Its Sanitary Features; Prevention of its Spread. 8vo., pp. 8. In English and German.

Concerning Small-Pox and Vaccination:

Blanks for Report of Small-Pox Cases.

Blanks for Report of Cost of Small-Pox.

Suggestions for Reports of Small-Pox.

Scholars' Certificates of Vaccination.

Return of Vaccination Certificates by Teachers.

Instructions concerning Vaccination.

Circular-Letter to County Superintendents concerning Vaccination.

Vaccinal History blanks.

Concerning Sanitary Inspection and the Work of Preparation in View of a threatened Epidemic of Asiatic Cholera:

Practical Recommendations for the Prevention of Asiatic Cholera.

Suggestions and Instructions concerning Sanitary Inspection and Work—

To County Clerks.

To County Commissioners and Town Supervisors.

To Those in charge of Public Institutions, Almshouses, Jails, etc.
 To Municipal and Health Authorities of Cities, Towns and Villages.
 To Editors of the Daily and Weekly Press.
 To Railway Officials.

Vital Statistics:

Blank Forms for Returns of Births, Deaths and Marriages.
 Instructions for Compiling the Condensed Return of Deaths. Revised, January, 1885.

Miscellaneous:

Public-Health Laws of Illinois and Sanitary Memoranda.
 Common Dangers to Health.
 Sanitation of our Younger Cities.
 General Sanitation.

THE SIXTH ANNUAL REPORT, including the *Official Register*, revised to December 1, 1884, and the *Conspectus of Medical Colleges*, revised to December 20, 1884, was completed and partly distributed. Special editions of the *Register* and *Conspectus*—600 copies of each—were distributed in December to the faculties of medical colleges, to editors of medical periodicals, and to others directly concerned with the subject of medical education.

Certificates and Licenses:

Applications for certificates were received from 597 physicians during the year. In 480 cases the certificate was issued, and in the remaining 117 the application was refused or withdrawn on account of the inability of the applicant to comply with the requirements of the BOARD and the provisions of the Medical-Practice Act.

Of the 480 certificates granted there were 441 based upon the diplomas of 1883-84 issued by medical colleges which have, *prima facie*, complied with the Schedule of Minimum Requirements entitling them to be classed as in good standing; or upon diplomas issued prior to the session of 1883-84 by colleges then recognized as in good standing. In 30 other cases the graduates of colleges which had not fully complied with the BOARD'S Schedule, were granted certificates upon undergoing satisfactory examination in the branches or subjects omitted.

Out of 47 colleges whose diplomas of 1883-84 have been presented as the basis for certificates, 21 have failed to fully conform to the Schedule, and their graduates have been required to supplement the evidence of the diploma by submitting to examination. In a number of such cases the applicants have declined to appear, and have withdrawn their applications and left the State.

Of the remaining 9 certificates, of the 480 issued during the year 7 were granted to exempts upon proof of sixteen or more years' practice in the State, and 2 upon examination in all branches to gentlemen holding the diplomas of colleges not recognized by the BOARD. At the regular annual examination a class of thirteen non-graduates presented themselves, but none succeeded in attaining the required percentage entitling to pass.

In the 117 cases in which certificates were refused, the refusal was based upon one of the following causes:

1. Failure to present a diploma from a legally-chartered medical institution in good standing as defined by the BOARD.

2. Failure to sustain a satisfactory examination sufficiently strict to test the qualifications of the candidate for the practice of medicine.

3. Personal or professional antecedents, habits or association, warranting the charge of unprofessional and dishonorable conduct.

4. Proved intent to practice in an unprofessional and dishonorable manner, as by claiming to cure incurable maladies; to possess unusual skill, experience or facilities; and similar claims involving deceit and fraud upon the public.

FIVE certificates were revoked upon proof of unprofessional and dishonorable conduct, and charges have been received and investigated, or the investigation is still pending, in some fifty other cases.

APPLICATIONS for certificates were received from 73 midwives, including 17 during the December quarter. Of these, 47 have been granted—30 upon diplomas or licenses of recognized schools of midwifery; 17 upon satisfactory examination, and 1 upon proof of sixteen years' practice in the State. There were rejected 15 of those who appeared for examination, and the credentials of 11 others were refused as being from institutions not recognized as in good standing.

Medical Education:

During the year the Schedule of Minimum Requirements has been enforced as the test of recognition of diplomas issued at the close of the sessions of 1883-84. The effect of this action of the BOARD upon the standards and methods of medical education in this country was treated of in the last Summary Report, prefacing the Sixth Annual, as also in the remarks introductory to the Conspectus of Medical Colleges. That there is a marked improvement in some respects is generally conceded; and, on the whole, the BOARD has ground for satisfaction with what has been already accomplished and for encouragement for the future.

The Medical-Practice Act:

Suits and prosecutions under the Medical-Practice Act, or arising from proceedings thereunder, have in all cases, except those in Chicago, terminated promptly and favorably. One of the most important of these suits was that tried in the Sangamon County Court in May last, and in which the Court sustained the right of the BOARD to inquire into and determine the moral and professional status of applicants for its certificates, and to withhold such certificates from those whom it adjudged guilty of unprofessional and dishonorable conduct, regardless of the character of the diploma presented.

AMONG recent cases of violations of the act and of proceedings resulting therefrom, are the following:

Funk, alias Talbot.—In October complaint was received that one "J. A. Talbot" was practicing medicine at No. 1915 State street, Chicago, in violation of the Medical-Practice Act. Upon investigation it was found that he was a student attending lectures at the

Chicago Medical College, and claimed to be practicing only as the assistant of Dr. Otto Wegner, his preceptor. Wegner and "Talbot" were at once advised as to the proper construction of the clause concerning the practice of students, which restricts them to prescribing under the supervision of a preceptor, and "Talbot" was notified to desist from the practice complained of.

About the first of November "Talbot" opened another office at 2896 Archer avenue, also in Dr. Wegner's name, but visited patients and prescribed for them as "Dr. Talbot," and solicited practice through the medium of a card (printed in English and German) in which "Dr. Talbot-Astley," as he then styled himself, reversed his relations with Dr. Wegner—the latter having become "Talbot's" assistant—and claimed to be "the great London physician and surgeon, Dr. Talbot-Astley, of the St. Thomas Hospital, London, member of the Royal College of Physicians and Surgeons, and stated that he had "been induced to establish the Illinois State Dispensary, Chicago, chartered for the successful and scientific treatment of all chronic, nervous, eye and ear, throat and chest diseases, gout, rheumatism, asthma, consumption, kidney and liver complaints, disorders of the blood, stomach and bowels, and especially all diseases of women and children; also skin diseases, private diseases, and all wounds, sprains and dislocations," "etc., etc."

The so-called "Illinois State Dispensary" had no existence, and was not "chartered" as claimed; but under the statute governing the granting of charters, there would have been no difficulty in securing one, as in the case of the "St. Jacob Institute," of the "James Medical Institute," of the "Chicago Medical League," etc. Pending the accumulation of proof of specific violation of the law upon which to base "Talbot's" arrest and prosecution, it was learned that his real name was Otto Funk and close upon the heels of this discovery came his arrest for stealing books from the Chicago Public Library. With this denouement the interest of the BOARD in the case terminated.

Lambrecht alias Luders alias Lambert.—At a meeting of the BOARD in October, 1882, the certificate previously issued to "Henry A. Luders," of Chicago, St. Louis, and Collinsville, Madison county, was revoked upon proof that the diploma of the University of Göttingen, on which the certificate was issued to him, had been fraudulently obtained, and that the man was an impostor. It may be remembered that it was finally ascertained that his name was not "Lüders," but Lambrecht; and that he was guilty of gross malpractice and brutality during his brief career in Collinsville. He has recently been heard of in Bismarck, D. T., where he is known as William Lambert.

After his flight from this State he went to Cincinnati, where he obtained a certificate for a course of lectures at the Cincinnati College of Medicine and Surgery; but upon the publication of his record in this State he suddenly left Cincinnati without completing the course. He next appeared in Cleveland, where, in July, 1883, he married again without going through the formality of obtaining a divorce from his St. Louis wife, whom he deserted when he left Collinsville. During the winter of 1883-84 he attended the Keokuk

College of Physicians and Surgeons and received the diploma of that institution at the commencement in 1884. The recent correspondence represents him in the same unenviable character that he sustained in this State.

His admission to the lecture-classes of the Cincinnati school and his graduation by the Keokuk College, furnish fresh illustrations of the necessity for the strict enforcement of matriculation requirements and of proof of previous study and college attendance. It is obvious that this man could not furnish "credible evidence of good moral standing," nor proof of having attended two full courses of lectures. Nevertheless, he was matriculated at both schools, and graduated from one.

Lucas R. Williams alias "*Dr. Lucas.*"—In December, after protracted delay, the case of Lucas R. Williams, *alias* "*Dr. Lucas,*" of Chicago, was tried in the Cook County Criminal Court, and the defendant was found guilty and fined \$50 and costs. Notwithstanding the revocation in 1880 of this man's certificate for grossly unprofessional and dishonorable conduct, he has continued to ply his disreputable and demoralizing vocation in defiance of the law, emboldened thereto by his belief in the efficacy of his diploma as a protection. Under the cloak of the cheap and easily-obtained articles of incorporation he converted his office into "*Dr. Lucas' Private Dispensary, chartered by the State of Illinois, for the Special, Scientific and Speedy Cure of Private, Nervous and Chronic Diseases.*"

The technical defense set up in the recent trial of his case was that the BOARD, having granted him a certificate upon the diploma of a reputable college, had no power to revoke its certificate—notwithstanding his notoriously unprofessional and dishonorable conduct; and upon this point his attorneys have taken an appeal from the finding of the Criminal Court.

George J. Williams.—This man—the brother of Lucas R. Williams, or "*Dr. Lucas*—has also been recently tried and found guilty, but the sentence has not yet been pronounced pending the result of an argument for a new trial.* Until within a few years, George J. Williams was, by profession, a lawyer; but, being a witness to the facility with which the suffering and unfortunate among the public are duped and fleeced by brazen quackery, he went to Milwaukee and advertised himself as "*Dr. Lucas,*" following the lines of his brother, Lucas R., of Chicago, although without any study of medicine or attendance upon medical lectures. About two years since he returned to Chicago, and opened an office at 14 South Clark street. He was soon after arrested, indicted, pleaded guilty and was fined in the U. S. District Court for sending obscene literature through the mails. Not being a legally-qualified practitioner himself, he has tried to get a graduate in medicine to superintend his business, but until recently without success. His publications and advertisements have been of the boldest and most shameless character, styling himself "*The Most Expert Physician in the World,*" "*the Expert Specialist who stands high in his Profession and has devoted a lifetime to the study of the treatment and cure of—*" here follows a list of diseases and symptoms disgusting alike in gross-

* He was, soon after, fined \$200 and costs.

ness of language and suggestion. To such an extent has public decency been outraged by his publications that the attention of the police was attracted, and he and his distributors on the street were arrested, his place was raided and his pamphlets, circulars, etc., together with the stereotype plates, were destroyed.

Alarmed at his approaching trial, Williams has changed his advertisements, signs, etc., using the title "St. Jacob Institute"—another concern "incorporated especially for the relief of suffering humanity," and has succeeded in inducing a graduated physician, who holds the certificate of the BOARD, to act as his stool-pigeon in the ostensible capacity of "Superintendent." He has also recently taken out tickets for a lecture course in one of the Chicago colleges, and now claims to be practicing as a student under a preceptor. The substance of his "little red book" and other publications suppressed by the police and the United States authorities, he now circulates under the form and name of "The Chicago Library," published semi-monthly, price three cents.

If precluded from the pursuit of their nefarious business in the methods hitherto employed, it is understood to be the intention of these charlatans to incorporate as proprietary-medicine companies, under the general act already referred to—an intent which furnishes another argument for the amendment of the statute. Cases against other of the Chicago quacks are still pending.

The Public Health:

At the close of the December quarter there remained the same gratifying condition of the public health as noted from time to time during the year. The graver contagious diseases—small-pox, diphtheria, scarlet fever and typhoid—have not prevailed to an epidemic extent in any locality. Localized outbreaks of small-pox, due in all cases to contagion imported from neighboring States and confined to those who had neglected vaccinal protection, have occurred in Alexander, Clark, Coles, Crawford, Jefferson, Kendall, Marion, Perry, Pulaski, Randolph, St. Clair, Sangamon and Washington counties. At Yorkville in Kendall county, Coulterville in Randolph county, and at East St. Louis, the conditions were such as to necessitate the personal attention of the Secretary. From professional incompetency and municipal neglect the outbreak at Centralia resulted in 32 cases and 6 deaths, and the contagion was thence carried into Washington, Jefferson and Sangamon counties. At the close of the year the State was entirely free from the disease so far as reported, and there had been only four mild cases in two localities—1 at Palestine in Crawford county, and 3 at Darwin, Clark county—during the preceding three months. Several cases were brought into Chicago during the year, but in only one instance did a resident of the city contract the disease from any of these imported cases. Except in one or two localities neither of the remaining important contagious diseases—diphtheria, scarlet fever, typhoid—has presented features demanding special attention.

On the 25th of December, the State Veterinarian reported a suspected case of glanders in the human subject, on a farm near Elmore, in Peoria county, and on the 26th Dr. J. H. Utley, of Springfield, was dispatched to the locality under the authority of the BOARD.

The following is Dr. Utley's report:—

SPRINGFIELD, ILL., DECEMBER 27, 1884.

SIR: In compliance with your instructions, I yesterday afternoon visited the farm of William B. Rearick, near Elmore, Peoria county, and investigated the case of his son, believed to be suffering from glanders.

It appears that the patient, Abram R. Rearick, aged 22 years, was taken sick about the 17th of October last. He complained at that time of severe pains in head, back and limbs; chills followed by flushes of heat; irritable stomach and constipation. He was compelled to take to his bed and remain there. These symptoms appeared after he had been engaged for some weeks attending to some horses suffering with glanders.

During the first week in November, small lumps appeared upon his arms and hands; these swellings soon broke down and discharged a thin sanious fluid. The swellings were red and painful. As the condition of the upper extremities improved, the lower became involved in much the same way, the nose began to discharge a little, and profuse sweats came on at irregular intervals. The face and forehead do not appear to have been very much affected at any time. The hectic and other symptoms have continued with some little improvement until now.

A careful examination revealed the following lesions: Ulcer on outer aspect of right leg near ankle joint, edges sharply cut, abrupt, bottom covered with gray slough and some granulations. Skin of leg thickened in places and scaling. Some purple spots over sites of nodules which had escaped ulceration. Glands in both groins enlarged and painful. Left knee swollen and painful. Left leg affected in same way as right, with the exception that the ulcers are somewhat smaller. Mucous membrane lining nose somewhat inflamed and discharging a small amount of thick, tenacious mucopurulent matter.

The frontal sinuses are not affected. The axillary and submaxillary glands are not now enlarged; neither could I find any lesions of the skin of the trunk or upper extremities. There is no perceptible odor about the patient. Weakness and emaciation are considerable. Appetite good. Bowels costive.

The history of the case, and the lesions of the glandular and tegumentary systems, leave no doubt, in my mind, that this is a case of glanders. The attending physician, Dr. John Craven, of Elmore, who was present at the examination, also believes it to be glanders.

The usual precautions were directed to be taken, viz., cloths and dressings of ulcers to be burned, bedding fumigated or destroyed, room ventilated and disinfected, family quarantined. The precautions to be taken under the direction of Dr. Craven.

In conclusion, I take pleasure in stating that every facility was afforded by the family and the physician in attendance to make my examination as thorough and complete as possible.

Very respectfully, your obedient servant.

J. H. UTLEY, M. D.

TO JOHN H. RAUCH, M. D.,

Secretary of Illinois State Board of Health.

A report from State Veterinarian Paaren leaves no room to doubt the existence of another case of this disease in the person of Mr. Frank A. Curtis, living near Belvidere in Boone County.* This makes three cases of glanders in the human subject under treatment in the State—the third case being that of a woman at Batavia in Kane county.

Preparations for Cholera.

In accordance with the authorization of the BOARD at the October meeting, the Secretary attended the adjourned meeting of the National Conference of State Boards of Health, at Washington, December 10th, 11th, and 12th. The report of the proceedings had at that meeting, will be found in subsequent pages of this volume.

The House Committee on Public Health, to which was submitted the bill, prepared by the Conference, for the re-organization of the National Board of Health, has decided that there will be no time during the present session of Congress to secure the enactment of any new measure of so comprehensive a character. It has, therefore, recommended the appropriation of \$25,000 for the existing National Board of Health, and of an additional sum of \$500,000 to be used at the discretion of the President. If these appropriations were made immediately available the work of preparing the general defences against the introduction of Asiatic cholera might be begun at once, and probably so far perfected as to furnish a reasonable assurance of safety before the usual increase of immigration.

Occasional cases of cholera have continued to occur in Europe during the winter, and its epidemic increase on the approach of warmer weather is assumed by all authorities; so that it is no longer a question, in the minds of those qualified to judge, as to the certainty and the extent of the danger to which this country is exposed. This danger has been pointed out from time to time in the quarterly reports of the BOARD ever since the spring of 1833, and the Damietta outbreak in the summer of that year. But now, on what may be the threshold of the threatened invasion, the question of the duty and responsibility of the National government in the premises is still a matter of discussion.

At the close of the year the preparations in our own State are in a satisfactory condition of forwardness. Much work in the abatement of nuisances and general cleaning up has already been done. But more important than this, the public mind has been aroused to the necessity for the work, and to a great extent instructed in its methods. The blanks and schedules for the general sanitary survey of the State are being prepared and will be distributed, with the necessary instructions, in season to resume operations as soon as the weather will permit.

* Since recovered.

FINANCIAL STATEMENT
OF THE
ILLINOIS STATE BOARD OF HEALTH,
FOR THE
FISCAL YEAR, ENDED SEPTEMBER 30, 1884.

State Board of Health—Dr.

<i>To State Treasurer:</i>	
Balances of Regular Appropriations, October 1, 1883.....	\$6,558 64
Balance of Contingent Fund, available October 1, 1883	5,000 00
Regular Appropriations, taking effect July 1, 1884.....	9,000 00
	<u>\$20,558 54</u>
<i>To Treasurer of Board:</i>	
Balance in Treasurer's hands, October 1, 1883.....	\$189 06
Office Receipts for year ended September 30, 1884	877 00
	<u>1,066 06</u>
	<u>\$21,624 60</u>

State Board of Health—Cr.

By payment on all accounts as per itemized statement.....	\$10,280 40
Unexpended balances of Regular Appropriations, October 1, 1884	6,676 80
Unexpended balance of Contingent Fund, October 1, 1884	4,324 94
Unexpended balance in hands of Treasurer of Board, Oct. 1, 1884.....	342 46
	<u>\$21,624 60</u>

ITEMIZED STATEMENT OF EXPENDITURES
OF THE
ILLINOIS STATE BOARD OF HEALTH,
FOR THE
FISCAL YEAR ENDED SEPTEMBER 30, 1884.

Salary of Secretary.....	\$3,000 00
Assistant Secretary's salary and clerical services	4,345 83
Expenses of Board and Secretary, attending meetings and making sanitary investigations	1,231 26
Postage.....	320 43
Expressage.....	272 98
Telegrams	109 65
Telephone	48 45
Stationery and printing.....	202 25
Medical journals, books and newspapers.....	271 32
Legal services	145 00
Detective services	153 95
Vaccine virus.....	45 38
Janitor	72 00
Sundries	61 90
	<u>\$10,280 40</u>
Total expenditures from Regular Appropriations	\$8,881 74
Total expenditures from Contingent Fund.....	675 06
Total expenditures from Office Receipts.....	723 60
	<u>\$10,280 40</u>

REPORT OF THE TREASURER
OF THE
ILLINOIS STATE BOARD OF HEALTH,
FISCAL YEAR ENDED SEPTEMBER 30, 1884.

To the President and Members of the Illinois State Board of Health:

GENTLEMEN: Your Treasurer begs leave to present the following report of the receipts and expenditures of his office for the period commencing with the date of his last Annual Report, October 1, 1883, and ending September 30, 1884:

General Account, Dr.

Balance to credit of general account, Sept. 30, 1883.....	\$189 06
Received of Dr. John H. Rauch, Secretary:	
Office Receipts for October, 1883.....	\$45 00
“ “ “ November, 1883.....	40 00
“ “ “ December, 1883.....	47 00
“ “ “ January, 1884.....	132 00
“ “ “ February, 1884.....	40 00
“ “ “ March, 1884.....	216 00
“ “ “ April, 1884.....	99 00
“ “ “ May, 1884.....	60 00
“ “ “ June, 1884.....	63 00
“ “ “ July, 1884.....	41 00
“ “ “ August, 1884.....	38 00
“ “ “ September, 1884.....	56 00
	877 00
Total available	\$1,066 06

General Account, Cr.

Accounts paid by order of the Board for indebtedness accrued during the quarters preceding the respective meetings:

January Meeting—for the quarter ended Dec. 31, 1883—	
Allan Pinkerton, detective service.....	\$76 20
Belleville Zeitung, printing Preventable-Disease Circular No. 2.....	53 00
	\$129 20
April Meeting—for the quarter ended March 31, 1884—	
Belleville Zeitung, printing Preventable-Disease Circulars Nos. 3 and 4.....	\$102 00
Allan Pinkerton, detective service.....	77 75
A. N. Linscott, legal services.....	70 00
T. W. S. Kidd, printing.....	50 00
G. N. Kreider, services.....	43 30
T. G. Vincent, clerical services.....	27 50
J. G. Kiernan, services, Ft. Wayne Medical College.....	15 00
R. E. Starkweather, clerical services.....	10 00
R. E. Starkweather, clerical services.....	10 00
	405 55
July Meeting—for the quarter ended June 30, 1884—	
Orendorff & Creighton, legal services.....	\$25 00
Jordan Murray, services.....	3 00
T. J. Thompson, services.....	2 50
	30 50
November Meeting—for the quarter ended Sept. 30, 1884—	
G. V. N. Lothrop, legal services.....	\$50 00
John H. Rauch, expense incident to trials.....	22 50
T. G. Vincent, expense incident to trials.....	15 85
J. S. Lowe, services.....	65 00
J. G. Kiernan, translating examinations.....	5 00
	158 35
Total expenditure	\$723 60
Balance in my hands Sept. 30, 1884.....	342 46
	\$1,066 06

All of which is respectfully submitted.

A. L. CLARK, *Treasurer.*

Audited and approved:

W. A. HASKELL, {
W. R. MACKENZIE, { *Auditing Committee.*

APPENDIX

TO THE

SEVENTH ANNUAL REPORT.

EMBRACING

- A.—SANITARY PUBLICATIONS OF 1884.
- B.—SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.
- C.—NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.
- D.—VITAL STATISTICS OF ILLINOIS.
- E.—DECISIONS UNDER MEDICAL-PRACTICE LAWS.
- F.—MEDICAL EDUCATION IN THE UNITED STATES AND CANADA.
- G.—REGISTER OF PHYSICIANS AND MIDWIVES.

ILLINOIS STATE BOARD OF HEALTH:
SPRINGFIELD, ILL.
1885.

A.—SANITARY PUBLICATIONS OF 1884.

SANITARY PUBLICATIONS OF 1884.

IN addition to reports of meetings, circulars concerning prevention of disease, etc., etc., elsewhere given, the following publications of the ILLINOIS STATE BOARD OF HEALTH, during the year 1884, are considered important enough to preserve in this form for reference:

PUBLIC-HEALTH LAWS OF ILLINOIS.

CONCERNING CONTAGIOUS AND INFECTIOUS DISEASES.

CONCERNING THE VACCINATION OF SCHOOL-CHILDREN.

CONCERNING THE SANITARY INSPECTION OF THE STATE.

THE Public-Health Laws of the State are scattered through many volumes of the statutes, and have been amended, repealed or otherwise modified so frequently that it would require much search to determine what enactments are still in force. Even in the successive editions of the Revised Statutes the various topics concerning the public health are treated of under so many different heads that a greater degree of familiarity with the arrangement is necessary than is likely to be possessed by any other than a lawyer. The pamphlet compiled by the Secretary and published by the BOARD is a digest or summary of existing legislation on these various topics, and constitutes the ILLINOIS SANITARY CODE. The following explanatory letter prefaces the pamphlet edition:

{ ILLINOIS STATE BOARD OF HEALTH,
{ OFFICE OF THE SECRETARY, Springfield, July, 1884.

The appended SANITARY CODE has been prepared in further discharge of the duty devolved upon the STATE BOARD OF HEALTH by Section 2 of the Act of 1877, creating the BOARD, and which invests it with "authority to make such rules and regulations, and such sanitary investigations, as they may deem necessary from time to time for the preservation or improvement of public health."

Heretofore the BOARD has deemed it advisable to limit the exercise of its powers, under this Section, to action in the immediate presence of some menace to the public health which could only, or best, be met by a concert of action and weight of authority not to be commanded by local health organizations: as for example, in the threatened invasion of yellow fever in the southern portion of the State, and in the recent epidemic prevalence of small-pox throughout three-fourths of its area. Enforcement of quarantine restrictions and sanitary inspections in the former, and of general preventive and protective measures in the latter instance, were most efficiently secured through the orders and circulars of the STATE BOARD; as

well, also, as the necessary co-operation and uniformity of action by neighboring authorities, between which the BOARD furnished a natural and proper bond of union and medium of communication.

Aside from this, its rules and regulations have hitherto been confined to such general subjects as, from their nature, affected the State at large, or extensive areas thereof, rather than individual localities: The sanitation of railways and railway travel; the transportation of corpses; the pollution of rivers and other sources of water-supply; the suppression of contagious and infectious diseases liable to epidemic spread; measures against the introduction of contagion from without; etc.

Up to the present time such action as above recited has been deemed all that it was practicable or expedient for the BOARD to attempt. But the possibility of an invasion of the United States by Asiatic cholera makes it incumbent to now secure a more thorough sanitary organization of the State than has yet been effected and the adoption of a uniform Sanitary Code to as great an extent as practicable. As is remarked in the Circular-Letter of the BOARD, No. 222, issued July 3, 1883:

"It is entirely possible that we may escape a visitation of Asiatic cholera this year, although there is yet plenty of time for the disease to reach our shores before cold weather. But even if there were no danger from this source, it should be remembered that everything which is done in the direction of sanitary improvement benefits the general health, reduces the amount of sickness, and lessens the death rate. An obvious duty, therefore, rests at all times, but more urgently at present, upon those charged with the administration of public-health affairs, to take such steps as may be necessary to remedy any defects in the existing sanitary status."

To this end the following rules and regulations are offered, in the form of a Model Sanitary Ordinance, for the adoption of all communities which have not yet secured a health organization; as well as for substitution for sanitary ordinances and laws which have been found defective or inoperative. Appended is a digest or summary of all public-health laws now in force in the State, from which may be learned the powers and authority which health organizations may legally exercise. Specific information, concerning matters of preventive medicine and general sanitation, is also added for the benefit of medical health officers and others.

BY ORDER OF THE BOARD:

JOHN H. RAUCH, *Secretary.*

PUBLIC-HEALTH LAWS, RULES AND REGULATIONS.

PUBLIC HEALTH AUTHORITIES AND ORGANIZATIONS:

The STATE BOARD OF HEALTH—Its Powers, Authority and Duties.
Local Health Authorities—Classes of—Relations with STATE BOARD.

LOCAL HEALTH ORDINANCE:

Form of—Commentary upon.

SUMMARY OF EXISTING HEALTH LEGISLATION:

STATE BOARD OF HEALTH Act.
Powers of City Councils and Village Trustees.
Territorial Jurisdiction.
Jurisdiction over Waters.
Township Board of Health.
Nuisances.

Food Supply—Adulteration of Food, Liquor, Candies or Medicines—of Milk—of Butter and Cheese—of Vinegar—Canned Goods.

Water Supply—Provision for—Supply by Contract—Water-works—Change of Source.

Sewerage.

Public Buildings—Means of Egress—Fire Escapes.

Burial Permits—Ordinance for.

Cemeteries.

Diseases of Animals—Pleuro-pneumonia—Glanders.

RULES AND REGULATIONS CONCERNING THE PUBLIC HEALTH:

Vaccination of School-Children.
Contagious and Infectious Diseases.
Notification of Contagious Diseases.
Epidemic-Disease Report.
Transportation of Corpses.

Public-Health Authorities and Organizations:

The second section of An Act to Create and Establish a STATE BOARD OF HEALTH in the State of Illinois, approved May 28, 1877, in force July 1, 1877, reads as follows:

"The STATE BOARD OF HEALTH shall have the general supervision of the health and life of the citizens of the State. They shall have charge of all matters pertaining to quarantine; and shall have authority to make such rules and regulations, and such sanitary investigations as they may, from time to time, deem necessary for the preservation or improvement of public health; and it shall be the duty of all police officers, sheriffs, constables and all other officers and employees of the State, to enforce such rules and regulations, so far as the efficiency and success of the BOARD may depend upon their official co-operation."*

Under this section, says the Attorney-General, broad duties devolve upon the STATE BOARD OF HEALTH, and ample power is given to enable them to discharge their duties. They not only have the right, but it is their duty, to make any and all rules and regulations which they may deem necessary to preserve the public health.

* The full text of this Act will be found at the beginning of the next section—SUMMARY OF EXISTING LEGISLATION, RULES AND REGULATIONS CONCERNING THE PUBLIC HEALTH.

Such rules and regulations, when promulgated, have the force and authority of law, and are to be enforced, if necessary, by the entire power of the State.

The phrase, "all other officers and employes of the State," is held to mean *all other public officers and employees in the State*, and not merely State officers and employees; and under this interpretation the Attorney General decides that school officers are included, as well as all local health authorities.

There are four classes of local health organizations existing in the State, to-wit:

I. Boards of health of cities, towns and villages incorporated under special acts of the legislature.

II. Boards of health of cities, towns, and villages incorporated under the general law.

III. Boards of health of townships in counties under township organization.

IV. Boards of health of counties not under township organization.

In cities, towns or villages incorporated under special acts, the charters creating them ordinarily provide who shall constitute the boards of health, or how they shall be appointed.

In cities, towns and villages incorporated under the general law, the boards of health are appointed by the city council, or village board, by virtue of Section 62, *item 76*, Chapter 24, Revised Statutes.—See *Powers of City Councils and Village Trustees*.

In counties under township organization, the supervisor, assessor and town clerk constitute the board of health for their respective townships, by virtue of Section 127, Chapter 139, Revised Statutes. See *Township Board of Health*.

In townships not under township organization, the county commissioners constitute the board of health for their respective counties, by virtue of their general powers to control and regulate the affairs and interests of the county.

Local Health Ordinance:

In framing a Model Sanitary Ordinance it has been attempted to make it simple, direct and comprehensive; and to secure in it substantial accord with existing legislation concerning the public health—a digest of which will be found in the subsequent pages.

Only so much of the Model Ordinance as is applicable to any given locality should be adopted or included in the ordinance of such locality; but it is recommended—in order to secure uniformity and consequent greater efficiency, and facility of co-operation in cases of emergency or mutual concern—that existing health ordinances be made to conform to this, so far as practicable.

Township and county boards (constituted as above defined), should adopt such of these provisions as may be applicable to their respective localities, whenever conditions arise justifying their action as boards of health. Their powers under the statutes, to abate nuisances and otherwise to act for the protection of the public health, will be found under the appropriate captions.

With such changes as may be made necessary by the provisions of special charters or acts of incorporation, the following form of ordinance will be applicable to cities, towns and villages of the two classes first enumerated, viz: those incorporated under special acts, and those incorporated under the general law.

AN ORDINANCE

FOR THE PROTECTION OF THE PUBLIC HEALTH.

Be it ordained by the [city council or president and board of trustees, as the case may be] of the [city or village] of..... county of....., State of Illinois:

*ARTICLE I. That there shall be appointed by the said [city council or president and board of trustees] a board of health in and for said [city or village] to be composed of four persons, who shall hold office for terms as follows: one member for one year, one member for two years, one member for three years, one member for four years; and at the expiration of the term of each member the vacancy shall be filled by appointment for a term of four years. The compensation of members, officers and employes of the board shall be fixed by the [city council or board of trustees] from time to time.

+ARTICLE II.—HEALTH OFFICER AND SANITARY POLICEMAN.

Section 1. That there shall be appointed by said board of health a medical health officer, who shall be a legally qualified physician, possessed of the requisite knowledge of sanitary science and of preventive medicine; and who shall be, *ex-officio*, a member of said board of health, and whose duty it shall be to assist and advise the board in all matters relating to public health, and to superintend, under the direction of the board, the enforcement and observance of the provisions of this ordinance.

§ 2. That there shall be appointed by the said board of health a sanitary policeman or policemen, who shall assist the medical health officer, and perform the duties and service hereinafter indicated, or which may be prescribed by the said board, from time to time, for the preservation or improvement of the public health.

* See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES; Items *seventy-sixth, seventy-eighth, seventy-ninth, eighty-first, eighty-third*. Also TERRITORIAL JURISDICTION; JURISDICTION OVER WATERS; WATER-WORKS; CEMETERIES.

All references, where not otherwise specified, are to subjects in the following pages.

+ While other members of a board of health may be non-medical men—citizens, selected for their general intelligence, public spirit, and direct interest in the welfare and prosperity of the locality, and to whom, therefore, the general direction of measures for the protection of the public health may be safely and properly entrusted—the Medical Health Officer, the member *ex-officio*, should be a thoroughly educated physician, practically versed in sanitary matters, and skilled in the diagnosis and management of contagious and infectious diseases. Upon his technical knowledge, his wisdom and discretion, and his executive ability, largely depend the efficiency of the board and its success or failure in the prevention of disease and the promotion of health.

He should be one who can command the fullest confidence and respect of the community, and upon whose counsel and advice his fellow-members may implicitly rely. Health boards are necessarily endowed with large discretionary powers—the preservation of the public health being rightly deemed a matter of supreme importance; and courts sustain them, to the fullest extent, in the exercise of these powers whenever it can be shown that their action was guided by a sound discretion, and was deemed necessary for the public welfare. It is, therefore, incumbent upon such boards that they be well and intelligently advised; and for such advice it will be true economy to make adequate compensation. These considerations should be taken into account in appointing, and in fixing the rate of pay of, the Medical Health Officer.

*ARTICLE III.—BUILDINGS AND PREMISES.

Section 1. That whenever it shall come to the knowledge of the board of health, or of its officers or employes, that the condition of any building or premises is injurious to the health or dangerous to the lives of the occupants or of the public, it shall be the duty of the medical health officer or sanitary policeman to make a thorough examination of the building or premises, and to direct and instruct as to the remedy of such condition; and if this be not remedied within a reasonable time, he shall report the facts to the board of health, who shall, thereupon, cause such building or premises to be put in good sanitary order, at the cost of the individual responsible for, or causing, or permitting, such unhealthful condition.

†ARTICLE IV.—STREETS AND GROUNDS.

Section 1. That the deposit of offal, garbage, night-soil, or refuse of any description upon any street, alley, vacant lot, public grounds or premises, within the limits of the [city, town or village] of except by direction or written permission of the board of health, is declared an offence, and punishable as such.

§ 2. That it shall be the duty of the sanitary policeman to exercise a vigilant supervision over such places, and to notify any person found making such deposit, or responsible for the same, to remove the offending matter at once, and to properly cleanse the place. And if such removal and cleansing be not effected within twenty-four (24) hours after notification, the offending person or persons shall be punished by fine not exceeding one hundred (100) dollars, and for a second offence by fine not exceeding two hundred (200) dollars, or by imprisonment not exceeding six (6) months, or by both fine and imprisonment, and the necessary removal and cleansing shall be performed at the expense of such person or persons.

‡ARTICLE V.—NUISANCES.

Section 1. That it is a public nuisance—

To cause or suffer the carcass of any animal or any offal, filth or noisome substance to be collected, deposited or to remain in any place, to the prejudice of others;

To throw or deposit any offal or other offensive matter, or the carcass of any animal, in any water-course, lake, pond, spring, well or common sewer, street or public highway;

To corrupt or render unwholesome or impure the water of any spring, river, stream, pond or lake, to the injury or prejudice of others;

* See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *sixty-first* and *eighty-first* to *eighty-fourth*, inclusive. Also NUISANCES: Items 6, 7 and 8. Sec. 221 and 222. Also PUBLIC BUILDINGS.

† See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *seventh* to *twelfth*, inclusive; *thirteenth* to *sixteenth*, inclusive. Also TERRITORIAL JURISDICTION. Also NUISANCES: Items 1 and 5, Sec. 221.

‡ See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *fortieth* and *seventy-fifth*. Also NUISANCES.

To erect, continue or use any building or other place for the exercise of any trade, employment or manufacture, which, by occasioning noxious exhalations, offensive smells, or otherwise, is offensive or dangerous to the health of individuals, or of the public.

§ 2. That it is hereby made the duty of the Board of Health of to cause the summary abatement of any such nuisance at the proper expense and cost of the party or parties responsible for, or permitting, the nuisance.

^cARTICLE VI.—SEWERS, PRIVIES AND CESS-POOLS.

Section 1. That no privy-vault or cess-pool for sewage shall be permitted in any part of the [city, town or village] of where a sewer is provided in front of the property lines; and no connection from any cess-pool or privy-vault shall be made with any sewer or drain-pipe; nor shall any opening be made in the sewer-pipe of a building for the purpose of affording surface drainage for the cellar, without proper provision against the access of sewer-air into the building.

§ 2. That no privy-vault, cess-pool, or reservoir into which a privy, water-closet, stable or sink is drained, shall be established or permitted within fifty feet of any well, spring or other source of water used for drinking or culinary purposes, without written permission from the board of health based upon the advice of the medical health officer. And every privy-vault and cess-pool shall be cleaned, and the contents thereof removed, at least once before the first of May in each year.

§ 3. That all sewers or drains that pass within fifty feet of any source of water used for drinking or culinary purposes shall be water tight.

^dARTICLE VII.—FOOD.

Section 1. That no article of food or drink intended for human use or consumption, nor any article of such food or drink, or which may be used in the composition or preparation of such food or drink, not being then healthy, fresh, sound, wholesome, fit and safe for such use; nor any animal or fish that died by disease or accident; and no carcass of any calf, pig or lamb, which at the time of its death, was less than four weeks old, and no meat therefrom; shall be brought within the limits of the [city, town or village] of, and offered, or held for sale, as food anywhere in said [city, town or village].

*See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *twenty-seventh, twenty-ninth and eighty-fourth*. Also NUISANCES; Sec. 222, item 2. Also SEWERAGE.

† See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *fiftieth, fifty-second, fifty-third*. Also FOOD-SUPPLY; WATER-SUPPLY.

*ARTICLE VIII.—SCHOOLS.

Section 1. That the board of health of shall have jurisdiction in all matters pertaining to the preservation of the health of those in attendance upon the public and private schools in the [city, town or village] of ; to which end it is hereby made the duty of the said board of health—

To require that all persons attending said schools, either as teachers or pupils, shall have presented satisfactory evidence of proper and successful vaccination;

To exclude from said schools any person suffering with a contagious or infectious disease, or liable to convey such disease to those in attendance;

To make regular inspections of all school buildings and premises, as to their hygienic condition; and to report the result of such inspections to the [city council or board of trustees], and to those having charge and control of such schools, with instructions as to the remedy of conditions (if any such be found.) whereby the health of those in attendance may be impaired or life endangered.

§ 2. That in the event of failure or refusal of those having such charge and control to carry out the instructions so given, then the board of health shall cause such faulty conditions to be remedied at the proper cost and expense of those having charge and control of the school or schools.

*ARTICLE IX.—CONTAGIOUS DISEASES.

Section 1. That the necessary rules and regulations concerning cholera, small-pox, yellow fever, diphtheria, scarlet fever, typhoid fever, and other contagious or infectious diseases, shall be enforced by the board of health of , under the supervision of the medical health officer; and all public officers of [the city, town or village] of , in their proper capacities, are hereby commanded and enjoined to assist the said board of health in the enforcement of said rules and regulations.

§ 2. That no person or thing liable to propagate any of the contagious diseases enumerated in Section 1 of this Article, shall be brought within the limits of without the special permit and direction of the board of health, and whenever it shall come to the knowledge of any person that such person or thing has been brought within such limits, he shall immediately give notice thereof to a member of the said board, together with the location thereof. No person shall, within the built-up portion of , without a permit from the board of health, carry or remove from one building to another [or from any vessel to the shore†] any person afflicted with such contagious disease. Nor shall any person afflicted with such contagious disease, or liable to communicate and spread

* See ORDER OF STATE BOARD OF HEALTH Concerning Vaccination of School-Children. Also POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items seventy-seventh and seventy-eighth. Also Rules and Regulations of STATE BOARD OF HEALTH Concerning Contagious and Infectious Diseases.

† Applicable only to localities having water communication.

the contagion thereof, be shipped or removed from to any other place, except under the charge and direction of the board of health, and with proper precautions against the spread of the contagion.

*ARTICLE X.—NOTIFICATION OF CONTAGIOUS DISEASES.

Section 1. That every householder within the limits of the city, town or village of in whose dwelling there shall occur a case of cholera, yellow fever, typhoid fever, scarlet fever, diphtheria or small-pox, shall immediately notify a member of the board of health of the same; and until instructions are received from the said board, no clothing or other property that may have been exposed to the infection or contagion shall be removed from the house; nor shall any occupant of such infected dwelling change his residence elsewhere, without the consent of the said board, during the prevalence of any public danger from said disease. And all physicians or other attendants upon any person sick with small-pox, cholera, typhoid or scarlet fever, diphtheria, or other disease dangerous to the public health, shall forthwith report the same to some member of the said board of health; and said board shall at once notify the STATE BOARD OF HEALTH of the existence of such disease, and shall subsequently cause a full report to be made by the medical health officer to the Secretary of the STATE BOARD OF HEALTH, upon the blank forms furnished for that purpose.

†ARTICLE XI.—BURIALS.

Section 1. That no burial or interment shall be lawful in the of, nor shall any dead body be removed from said, until a permit for such burial, interment or removal shall have first been obtained from the † of said

§ 2. That such permit shall be issued by the † upon his receipt of the usual certificate of death, signed by (1) the attending physician in the case; or, if none, by (2) one of the parents of the deceased; or, if none, by (3) the nearest of kin not a minor; or, if none, by (4) the resident householder where the death occurred; or, if none, by (5) any reputable citizen cognizant of the facts and circumstances of the death; or, if the death be the subject of an inquest, by (6) the coroner or other officer holding said inquest.

§ 3. That the † shall enter in a suitable book to be kept for that purpose, a record of all burial permits issued, specifying the date of issue and to whom issued, together with all the items of information contained in the certificates upon which the issue of such permits is based; and he shall forward to the county clerk of county, at the end of each month, all of said certificates so received during the month.

* See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Item seventy-eighth. Also Notification of Contagious Diseases, Order of STATE BOARD OF HEALTH.

† See Circular-Letter of the STATE BOARD OF HEALTH concerning Burial Permits. Also Form of Burial Permit; also Rules for the Transportation of Corpses by Railroads and Steamboats.

‡ Designated official.

§ 4. That the transportation or removal of bodies of persons who have died of small-pox, cholera, yellow fever, diphtheria, or other disease dangerous to the public health, is forbidden within the limits of except in conformity with the rules and regulations of the STATE BOARD OF HEALTH concerning the same. And no burial nor exhumation of any body shall be permitted in the night-time unless for good reasons, to be entered in full upon the record book above provided for.

ARTICLE XII.—SANITARY INSPECTIONS.

Section 1. That the board of health shall cause a thorough sanitary inspection of the entire area within its jurisdiction to be made under the supervision of the medical health officer, at least once each year, and oftener if necessary. Such inspection shall include all matters affecting the public health; and a report of the sanitary conditions disclosed by the inspection shall be made to the [city council or board of trustees] of, and to the STATE BOARD OF HEALTH, upon the blanks furnished for that purpose by the said STATE BOARD.

*ARTICLE XIII.—DISEASED ANIMALS.

Section 1. That no domestic animal afflicted with a contagious or infectious disease shall be allowed to run at large, or be exposed in any public place, whereby the health of man or beast may be affected, within the limits of; nor shall such diseased animal be shipped, or removed, from the premises of its owner, except under the supervision of the board of health of, or of the State Veterinarian. And it is hereby made the duty of the board of health to secure such disposition of any diseased animal, and such treatment of infected premises, as to prevent the communication and spread of the contagion or infection, except in cases where the State Veterinarian is empowered to act; and in all such cases the board of health shall co-operate with the State Veterinarian so far as such co-operation may be necessary to the protection of the health of the citizens of
.....

†ARTICLE XIV.—PENALTIES.

Section 1. That the violation of any of the foregoing provisions or any interference with the board of health in its execution and enforcement of this ordinance, shall be punishable by fine, not exceeding two hundred (200) dollars for each offense, or by imprisonment not exceeding six (6) months for each offense, or by both such fine and imprisonment at the discretion of the court.

* See DISEASES OF ANIMALS.

†See POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: City councils and village trustees have the power "to pass all ordinances, rules, and make all regulations, proper or necessary to carry into effect the powers granted to cities and villages, with such fines or penalties as the city council or board of trustees shall deem proper: *Provided*, no fine or penalty shall exceed \$200, and no imprisonment shall exceed six months, for one offense."—*Revised Statutes*, Chapter 24, Section 62, Item *ninety-six*.

*ARTICLE XV.—ORDINANCE IN FORCE.

Section 1. That, this ordinance shall be in force from and after its passage and publication.

Commentary upon the foregoing Ordinance:

At the request of the STATE BOARD OF HEALTH, the Attorney-General (the Hon. James McCartney,) has furnished the following commentary and opinion upon the validity of the provisions of the Local Health Ordinance above given.

DR. JOHN H. RAUCH, Secretary State Board of Health:

DEAR SIR: In accordance with your request I have made a careful and detailed examination of the Health Ordinance prepared by you for the use of cities, towns and villages in this State, and published in "Public-Health Laws of Illinois and Sanitary Memoranda," issued by the STATE BOARD OF HEALTH, and I note the following views concerning the legality of the same:

Articles I, II, III, IV, V, VI and VII, are each specifically authorized by the different paragraphs of Sec. 62, Chap. 24, Revised Statutes. Some question might be made as to the power to compel the persons causing the unhealthy condition of buildings and premises to pay the cost of putting them again in a sanitary condition (Art. III), but I find such power sustained by the courts and our best law writers.

In the case of *Harrison v. The City of Baltimore*, 1 Gill, 264, the Supreme Court of Maryland held the consignee of a vessel coming into that port with small-pox on board, responsible for the cost not only of fumigating and purifying the vessel, but also for the cost of cleansing the passengers and their baggage, although it could not be said that the consignee was in any way responsible for the small-pox being on board; but some one connected with the vessel was deemed responsible and in this way only could he be reached.

Judge Dillon in his work on Municipal Corporations, Sec. 93, lays down the rule that every citizen holds his property subject to the proper exercise of the police power, which power Judge Scott, in the case of *The Town of Lake View v. Rose Hill Cemetery*, defined to be "that inherent and plenary power in the State which enables it to prohibit all things hurtful to the comfort, safety and welfare of society." It is sometimes called the law of "overruling necessity." Judge Dillon further says of this power: "Of this nature is the authority to suppress nuisances, preserve health, prevent fires, to regulate the use and storing of dangerous articles, to establish and control markets and the like." And again in Sec. 303 he says: "Our municipal corporations are usually invested with power to preserve the health and safety of the inhabitants. This is indeed one of the chief purposes of local governments."

*"All ordinances of cities and villages imposing any fine, penalty, imprisonment or forfeiture * * * shall, within one month after they are passed, be published at least once in a newspaper published in the city or village; or if no such newspaper is published therein, by posting copies of the same in three public places in the city or village; and no such ordinance shall take effect until after it is so published."—*Revised Statutes*, Chapter 24, Section 64.

It would seem, then, that there can be no doubt of the power of the city council by ordinance to compel the person responsible for, or permitting, an unhealthy condition of any building or premises to pay the cost of cleansing it. It was by his default the expense became necessary, and it is but just that he should repay such expense.

Concerning Art. VIII, on the subject of schools, I have no doubt that the power to exclude from schools any and all persons—teachers as well as children—who have been exposed to infectious or contagious diseases, or who, in the judgment of competent authority, are liable to contract and transmit such diseases, is properly exercised by the city council or board of trustees through its agent, the local board of health. The highest authority in the State on this subject, to-wit: the STATE BOARD OF HEALTH, has decided that the vaccinal protection of school children and teachers is necessary for the prevention of the epidemic spread of small-pox, as well as for the safety of the schools from the danger of being interrupted and closed by this disease. There can be no question that the courts would sustain the validity of any municipal enactment supported by this authority.

Article VIII, therefore, I find to be sustained by the authorities and by the statutes.

Article IX, concerning contagious diseases, is fully authorized under paragraphs seventy-seven and seventy-eight of Sec. 62, Id. In the case heretofore cited of *Harrison v. Baltimore*, the Supreme Court of Maryland, in speaking of the power conferred in the charter of the city "to enact all ordinances necessary to preserve the health of the city, prevent and remove nuisances, and to prevent the introduction of contagious diseases," said: "To accomplish, within the specified territorial limits, the objects enumerated, the corporate authorities were clothed with all the legislative powers which the General Assembly could have exercised. Of the degree of necessity for such municipal legislation, the mayor and city council of Baltimore were the exclusive judges. To their sound discretion is committed the selection of the means and manner (contributory to the end) of exercising the powers which they might deem requisite to the accomplishment of the objects of which they were made the guardians."

Our general laws concerning towns and cities are now, under the constitution of 1870, the charters of all towns and cities in the State not still acting under special charters, and the powers given by such general law are powers that each incorporated town and city in the State may exercise.

Article X, concerning the notification of the existence of contagious diseases, is one that must commend itself to every one. The failure of any person to give proper notification of the existence of such diseases may be the direct cause of many deaths and the remote cause of wholesale loss of life, and under the power given to the city council to suppress disease, this is one of the most important acts in the exercise of that power, and a failure to comply strictly with this portion of the ordinance should be visited with the heaviest penalties.

The clause requiring notice to be given to the STATE BOARD OF HEALTH of the existence of such disease, so that measures may be taken to prevent the spread of contagion to other portions of the State, is fully as important.

Article XI, concerning burials, is sustained by incontrovertible authority. Dillon, in his work on Municipal Corporations, Sec. 306, says: "The public health, comfort and convenience are concerned in the proper regulation of burials; and the evils resulting from its neglect are especially to be apprehended in the crowded populations of cities." The courts also have universally sustained all reasonable regulations made by cities and towns concerning burials. Our Supreme Court, in the case of *Lake View v. Rose Hill*, above cited, say: "There is nothing in nature but may be the instrument of mischief, and the burial of the dead may be so done as to be most injurious in its consequences to the people in the vicinage."

The general argument for such an enactment is well set forth in the Circular-Letter of the STATE BOARD, to which reference is made in the foot-note to this Article, and which is summarized in the following:

First.—It will be of value in securing fuller, more accurate, and more readily available knowledge of the causes of death—a knowledge which is absolutely necessary to the profitable application of efforts for the preservation of health, the limitation of disease and the prolongation of human life.

Second.—It will be of value in the protection of life against criminal violence, by facilitating the detection of such violence through preventing the burial of victims of homicide, abortion, poisoning, etc., without proper investigation.

Third.—It will be of value in the protection of property interests, by making the facts pertaining to a death and burial matters of record, which may be useful in probating wills, settling estates, determining heirships, perfecting letters, adjusting life insurance, and kindred matters.

Article XII on Sanitary Inspection is also sustained by authority, and is so proper and reasonable in itself that no question of its validity can be maintained.

The Article XIII on Diseased Animals is in harmony with the State laws upon that subject, and the power is given to the town or city under paragraphs seven and eight of Sec. 62, before mentioned.

Finally, I have no doubt of the validity and sufficiency of the ordinance under discussion. Its provisions are in accord with the statutes, or are based upon well-settled principles of common law. It is comprehensive, without being cumbersome in detail. Its machinery is simple, and wisely secures a defined responsibility in a single official—the medical health officer, whose qualifications, duly prescribed, should be sufficient guaranty for the timely, intelligent and judicious enforcement of the precautions and observances necessary for the protection of the life and health of the citizen.

As to its sufficiency, it is to be observed that there is no more liberal law or charter in existence than is given to the councils of cities and the trustees of towns and villages by Sec. 62, Chap.

24, of the Revised Statutes, for the almost absolute and unrestrained control of the agencies affecting the public health. And it is upon this authority that the ordinance in question is based. Concerning the force and effect of such an ordinance, the Supreme Court of Illinois, in the case of *Mason et al. v. The City of Shawneetown*, (77 Ill. 533) says: "When an incorporated town or city has been invested with power to pass an ordinance, by the legislature, for the government or the welfare of the municipality, an ordinance enacted by the legislative branch of the corporation has the same force and effect of a law passed by the legislature, and cannot be regarded otherwise than as a law of and within the corporation. An ordinance is the law of the inhabitants of the municipality."

With this endorsement of their power, with the knowledge that every enlightened person has of the protection afforded by the use of reasonable care, and with the positive assurance that life will be the sacrifice if care is not exercised, how can any city or town councilman justify himself, here or hereafter, if for the want of attention to his duties in the passage of laws protecting the health of the citizen even a single life should be lost?

Respectfully submitted,

JAMES McCARTNEY.

SUMMARY OF EXISTING LEGISLATION CONCERNING THE PUBLIC HEALTH.

State Board of Health Act:

An Act to Create and Establish a STATE BOARD OF HEALTH in the State of Illinois. Approved May 25, 1877; in force July 1, 1877.

APPOINTMENT OF MEMBERS; TERM OF OFFICE; VACANCIES: *Section 1.* *Be it enacted by the People of the State of Illinois, represented in the General Assembly,* That the Governor, with the advice and consent of the Senate, shall appoint seven persons, who shall constitute the BOARD OF HEALTH. The persons so appointed shall hold their offices for seven years: *Provided,* that the terms of office of the seven first appointed shall be so arranged that the term of one shall expire on the thirtieth day of December of each year, and the vacancies so created, as well as all vacancies occurring otherwise, shall be filled by the Governor, with the advice and consent of the Senate: *And provided, also,* that appointments made when the Senate is not in session may be confirmed at its next ensuing session.

POWERS AND AUTHORITY OF THE BOARD: § 2. The STATE BOARD OF HEALTH shall have the general supervision of the interests of the health and life of the citizens of the State. They shall have charge of all matters pertaining to quarantine; and shall have authority to make such rules and regulations, and such sanitary investigations, as they may from time to time deem necessary, for the preservation or improvement of public health; and it shall be the duty of all police officers, sheriffs, constables, and all other officers and employes of the State, to enforce such rules and regulations, so far as the efficiency and success of the Board may depend upon their official co-operation.

REGISTRATION OF BIRTHS AND DEATHS: § 3. The BOARD OF HEALTH shall have supervision of the State system of registration of births and deaths as hereinafter provided; they shall make up such forms and recommend such legislation as shall be deemed necessary for the thorough registration of vital and mortuary statistics throughout the State. The Secretary of the Board shall be the superintendent of such registration. The clerical duties and the safe keeping of the bureau of vital statistics thus created shall be provided by the Secretary of State.

PHYSICIANS AND ACCOUCHEURS TO REGISTER AND REPORT: § 4. It shall be the duty of all physicians and accoucheurs in this State to register their names and postoffice address with the county clerk of

the county where they reside; and said physicians and accoucheurs shall be required, under penalty of ten dollars, to be recovered in any court of competent jurisdiction in the State, at suit of the county clerk, to report to the county clerk, within thirty days from date of their occurrence, all births and deaths which may come under their supervision, with a certificate of the cause of death, and such correlative facts as the BOARD may require, in the blank forms furnished as hereinafter provided.

REPORT OF BIRTH OR DEATH IN ABSENCE OF PHYSICIAN OR ACCOUCHEUR: § 5. Where any birth or death shall take place, no physician or accoucheur being in attendance, the same shall be reported to the county clerk within thirty days from date of [its] occurrence, with the supposed cause of death, by the parent, or if none, by the nearest of kin, not a minor, or if none, by the resident householder where the death shall occur, under penalty as provided in the preceding section of this act.

CORONERS TO REPORT DEATHS: § 6. The coroners of the several counties shall be required to report to the county clerk all cases of death which may come under their supervision, with the cause and mode of death, etc., as per forms furnished, under penalty as provided in section four (4) of this act.

DISPOSITION OF PENALTIES: § 7. All amounts recovered under the penalties herein provided shall be appropriated to a special fund for the carrying out of the object of this law.

COUNTY CLERKS TO KEEP REGISTERS AND RECORDS: § 8. The county clerks of the several counties in the State shall be required to keep separate books for the registration of the names and postoffice address of physicians and accoucheurs, for births, for marriages, and for deaths; said books shall always be open to inspection without fee; and said county clerks shall be required to render a full and complete report of all births, marriages and deaths to the Secretary of the BOARD OF HEALTH, annually, and at such other times as the BOARD may direct.

BOARD TO PREPARE FORMS FOR REPORTS: § 9. It shall be the duty of the BOARD OF HEALTH to prepare such forms for the record of births, marriages and deaths as they may deem proper; the said forms to be furnished by the Secretary of said BOARD to the county clerks of the several counties, whose duty it shall be to furnish them to such persons as are herein required to make reports.

MEETINGS OF THE BOARD: § 10. The first meeting of the BOARD shall be within fifteen days after their appointment, and thereafter in January and June of each year, and at such other times as the BOARD shall deem expedient. The meeting in January of each year shall be in Springfield. A majority shall constitute a quorum. They shall choose one of their number to be President, and they may adopt rules and by-laws for their government, subject to the provisions of this act.

OFFICERS AND COMPENSATION: § 11. They shall elect a Secretary, who shall perform the duties prescribed by the BOARD, and by this act he shall receive a salary which shall be fixed by the BOARD; he shall also receive his traveling and other expenses incurred in

the performance of his official duties. The other members of the BOARD shall receive no compensation for their services, but their traveling and other expenses, while employed on business of the BOARD, shall be paid. The President of the BOARD shall quarterly certify the amount due the Secretary, and on presentation of his certificate, the Auditor of State shall draw his warrant on the Treasurer for the amount.

ANNUAL REPORT: § 12. It shall be the duty of the BOARD OF HEALTH to make an annual report, through their Secretary or otherwise, in writing, to the Governor of this State, on or before the first day of January of each year, and such report shall include so much of the proceedings of the BOARD, and such information concerning vital statistics; such knowledge respecting diseases, and such instruction on the subject of hygiene, as may be thought useful by the BOARD for dissemination among the people, with such suggestions as to legislative action as they may deem necessary.

APPROPRIATION: § 13. The sum of five thousand dollars (\$5,000) or so much thereof as may be necessary, is hereby appropriated to pay the salary of the Secretary, meet the contingent expenses of the office of the Secretary, and the expenses of the BOARD, and all costs for printing, which, together, shall not exceed the sum hereby appropriated; said expenses shall be certified and paid in the same manner as the salary of the Secretary.

OFFICE ROOM: § 14. The Secretary of State shall provide rooms suitable for the meetings of the BOARD, and office room for the Secretary.

Powers of City Councils and Village Trustees:

CITY COUNCILS in cities and presidents of boards of trustees in villages, incorporated under the general law, have the following powers by Chapter 24 of the Revised Statutes, Section 26:

Seventh—To lay out, to establish, open, alter, widen, extend, grade, pave, or otherwise improve streets, alleys, avenues, sidewalks, parvhes, parks and public grounds, and to vacate the same.

Eighth—To plant trees upon the same.

Ninth—To regulate the use of the same.

Tenth—To prevent and remove encroachments or obstructions upon the same.

Eleventh—To provide for the lighting of the same.

Twelfth—To provide for the cleansing of the same.

Thirteenth—To regulate the openings therein for the laying of gas or water mains and pipes, and the building or repairing of sewers, tunnels and drains, and erecting gas lights: *Provided, however,* that any company organized under the general laws of this State, or any association of persons organized, or which may be hereafter organized, for the purpose of manufacturing illuminating gas to supply cities or villages, or the inhabitants thereof with the same, shall have the right, by consent of the common council (subject to existing rights), to erect gas factories, and lay down pipes in the streets or alleys of any city or village in this State, subject to such regulations as any such city or village may by ordinance impose.

Fourteenth—To regulate the use of sidewalks and all structures thereunder; and to require the owner or occupant of any premises

to keep the sidewalks in front of or along the same, free from snow and other obstructions.

Fifteenth—To regulate and prevent the throwing or depositing of ashes, offal, dirt, garbage or any offensive matter in, and to prevent injury to, any street, avenue, alley or public ground.

Sixteenth—To provide for and regulate crosswalks, curbs and gutters.

Twenty-first—To regulate the speed of horses and other animals, vehicles, cars and locomotives within the limits of the corporation.

Twenty-seventh—To require railroad companies to keep flagmen at railroad crossings of streets, and provide protection against injury to persons and property in the use of such railroads. To compel such railroad to raise or lower their railroad tracks to conform to any grade which may, at any time, be established by such city; and where such tracks run lengthwise of any such street, alley or highway, to keep their railroad tracks on a level with the street surface, and so that such track may be crossed at any place on such street, alley or highway. To compel and require railroad companies to make and keep open, and to keep in repair, ditches, drains, sewers and culverts along and under their railroad tracks, so that filthy or stagnant pools of water cannot stand on their grounds or right of way, and so that the natural drainage of adjacent property shall not be impeded.

Twenty-ninth—To construct and keep in repair culverts, drains, sewers and cesspools, and to regulate the use thereof.

Thirtieth—To deepen, widen, dock, cover, wall, alter or change the channel of water-courses.

Fortieth—To provide for the cleansing and purification of waters, water-courses and canals, and the draining or filling of ponds on private property, whenever necessary to prevent or abate nuisances.*

Forty-ninth—To establish markets and market-houses, and provide for the regulation and use thereof.

Fiftieth—To regulate the sale of meats, poultry, fish, butter, cheese, lard, vegetables, and all other provisions, and to provide for place and manner of selling the same.

Fifty-second—To regulate the sale of bread in the city or village; prescribe the weight and quality of the bread in the loaf.

Fifty-third—To provide for and regulate the inspection of meats, poultry, fish, butter, cheese, lard, vegetables, cotton, tobacco, flour, meal and other provisions.

Fifty-seventh—To regulate the construction, repairs and use of vaults, cisterns, areas, hydrants, pumps, sewers and gutters.

Sixty-first—To prescribe the thickness, strength, and manner of constructing stone, brick and other buildings, and construction of fire-escapes therein.

Seventy-fifth—To declare what shall be a nuisance and abate the same; and to impose fines upon parties who may create, continue or suffer nuisances to exist.

Seventy-sixth—To appoint a board of health and prescribe its powers and duties.

Seventy-seventh—To erect and establish hospitals and medical dispensaries, and control and regulate the same.

* See, also, section relating to WATER-SUPPLY.

Seventy-eighth—To do all acts, make all regulations which may be necessary or expedient for the promotion of health or the suppression of disease.

Seventy-ninth—To establish and regulate cemeteries within or without the corporation, and acquire lands therefor by purchase or otherwise, and cause cemeteries to be removed, and prohibit their establishment within one mile of the corporation.

Eighty-first—To direct the location and regulate the management and construction of packing-houses, renderies, tallow-chandleries, bone factories, soap factories and tanneries, within the limits of the city or village, and within the distance of one mile without the city or village limits.

Eighty-second—To direct the location and regulate the use and construction of breweries, distilleries, livery stables, blacksmith shops and founderies within the limits of the city or village.

Eighty-third—To prohibit any offensive or unwholesome business or establishment within, or within one mile of, the limits of the corporation.

Eighty-fourth—To compel the owner of any grocery, cellar, soap or tallow-chandlery, tannery, stable, pig-sty, privy, sewer or other unwholesome or nauseous house or place to cleanse, abate or remove the same, and to regulate the location thereof.

Ninety-sixth—To pass all ordinances, rules, and make all regulations, proper or necessary to carry into effect the powers granted to cities or villages, with such fines or penalties as the city council or board of trustees shall deem proper: *Provided*, no fine or penalty shall exceed \$200, and no imprisonment shall exceed six months, for one offense.

Territorial Jurisdiction: The city council and board of trustees shall also have jurisdiction in and over all places within one-half mile of the city or village limits, for the purpose of enforcing health and quarantine ordinances and regulations thereof.—*Revised Statutes*, Chap. 24, Sec. 44.

Jurisdiction over Waters: An Act to define the jurisdiction of the cities and incorporated towns bordering on the Ohio river. [Approved March 26, 1872. In force July 1, 1872.]

Section 1. *Be it enacted by the People of the State of Illinois, represented in the General Assembly*, That each of the several cities and incorporated towns of this State, lying on the Ohio river, and bounded thereby, are hereby invested with jurisdiction over their river fronts, and shall have jurisdiction over the waters of the said river in all cases occurring on said river, and opposite to each of said cities or incorporated towns, co-extensive with the jurisdiction of the several counties in this State in which said cities or incorporated towns may lie: *Provided*, nothing herein contained shall be construed so as to extend the jurisdiction of said cities or incorporated towns over any island in said river included within the corporate limits of any county of the State of Kentucky.

Township Board of Health:

CHAPTER 139, Article XIV, of the Revised Statutes, provides that—

1. The supervisor, assessor and town clerk of every town shall constitute a board of health, and on the breaking out of any contagious disease in their town or immediate vicinity, they shall have

power to make and enforce any rules and regulations tending to check the spread of such disease within the limits of such town, as they may think proper; and for this purpose they shall have power to shut up any house or place where any infected persons may be, and cause notices of warning to be put thereon, or remove such persons to any pest house within the limits of said town, at the expense of the party so moved, if he be of sufficient ability to pay, or otherwise at the expense of said town: *Provided*, that nothing in this section shall apply to any town, or part thereof, lying within the corporate limits of any incorporated city or village.—[L. 1865, p. 75, § 1.]

2. The town clerk shall keep a full record of all the doings of said board, and report the same to the annual meeting of such town. [L. 1865, p. 76, § 2.]

3. The members of said board shall be allowed for their time spent in the performance of their said duties the sum \$1.50 per day, which, together with all bills by them contracted, and all sums of money by them expended, shall be audited by the board of auditors of such town, and be paid in the same manner as other town expenses.—[L. 1865, p. 76, § 2.]

Nuisances:

SECTION 221, Chapter 38, of the Criminal Code, declares that it is a public nuisance—

1. To cause or suffer the carcass of any animal or any offal, filth or noisome substance to be collected, deposited or to remain in any place, to the prejudice of others.

2. To throw or deposit any offal or other offensive matter, or the carcass of any dead animal, in any water-course, lake, pond, spring, well or common sewer, street, bridge or public highway.

3. To corrupt or render unwholesome or impure the water of any spring, river, pond or lake, to the injury or prejudice of others.

4. To obstruct or impede, without legal authority, the passage of any navigable river or waters.

5. To obstruct or encroach upon public highways, private ways, streets, alleys, commons, landing-places, and ways to burying-places.

6. To carry on the business of manufacturing gunpowder, nitro-glycerine, or other highly explosive substances, or mixing or grinding the materials therefor, in any building within twenty rods of any valuable building erected at the time such business may be commenced.

7. To establish powder magazines near incorporated towns, at a point different from that appointed according to law by the corporate authorities of the town, or within fifty rods of any occupied dwelling house.

8. To erect, continue or use any building or other place for the exercise of any trade, employment or manufacture which, by occasioning noxious exhalations, offensive smells, or otherwise, is offensive or dangerous to the health of individuals, or of the public.

9. To advertise wares or occupation by painting notices of the same on, or affixing them to, fences or other private property, or on rocks or other natural objects, without the consent of the owner; or, if in the highway or other public place, without permission of

the proper authorities: *Provided*, that nothing in this section shall be construed to prevent the municipal authorities of any incorporated city, town or village from declaring what shall be nuisances, and abating the same within their limits.

SEC. 222. Whoever causes, erects or continues any such nuisance shall, for the first offense, be fined not exceeding \$100, and for a subsequent offense shall be fined in a like amount, and confined in the county jail not exceeding three months. Every such nuisance, when a conviction therefor is had in a court of record, may, by order of the court before which the conviction is had, be abated by the sheriff or other proper officer, at the expense of the defendant, and it shall be no defense to any proceeding under this section, that the nuisance is erected or continued by virtue or permission of any law of this State.*

WHILE there can be no question as to the right and duty of a board of health to cause the summary abatement of a nuisance arising from any one of the first three causes specified in the form for an ordinance, it should be remembered that these are patent and obvious nuisances, concerning the nature of which there can be no difference of opinion; and that this may or not be the case in the remaining items (4 to 8 inclusive) of the section above quoted from the Criminal Code. What is not a nuisance in itself cannot be abated by a board of health, until it is adjudged to be so employed as to be inimical to public health or safety. Any classification of nuisances will be necessarily imperfect; yet for the purposes of this subject it may be said that public health nuisances are of two kinds: 1. Those which are such from their very nature; which can not exist in the vicinity of habitations without causing offense to the senses and injury to the health; such, for instance, as exposed and decayed carcasses of dead animals, or accumulations of offal or of fecal matter in exposed places. 2. Those which become nuisances by reason of misuse or negligent care exercised of an otherwise harmless and perfectly lawful object, business or occupation; as, for example, slaughter-houses, rendering-establishments, mill-ponds or burying-grounds.

The methods of procedure to be adopted for the removal of any nuisance will vary according as the nuisance to be abated comes within one or the other of these classifications. If the danger to the public health is imminent, and safety requires the immediate suppression of the nuisance, the board of health, and any individual affected thereby, would be protected if they should proceed at once to suppress it, for the safety of the people is the highest law. If any unhealthy nuisance is found in a public place, it would be the duty of the board to see to its removal. On the other hand, a mill-pond, a slaughter-house or a burial-ground are not necessarily offensive or unhealthy, and their use is perfectly legal. It is only their misuse that makes them a nuisance. A mill-pond may be maintained in the midst of a thickly populated community without being in the slightest degree detrimental to the public health. A slaughter-house may be conducted with such perfect cleanliness as to be no

* See, also, POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *fifteenth, fortieth, seventy-fifth, eighty-first to eighty-fourth*, inclusive.

more offensive in a sanitary sense than a planing-mill. Whether a business or a thing not in itself a nuisance is so managed or suffered to exist as to be a nuisance, is a fact which must be determined by the courts, upon evidence. A board of health cannot decide that to be a nuisance which is not so in itself. Only upon the judgment of a court of competent jurisdiction can a board of health legally ascertain whether a business is a nuisance, so as to authorize them to abate it. Of course, any collection of offal or filth about a slaughter-house may be removed by a board of health under the authority conferred on it by the statutes; but the suppression of the business itself can only follow a judicial determination that it is so conducted as to be injurious to the public health.

It would be well for the members of every board of health to acquaint themselves as fully as possible with all the facts relating to any existing nuisance or thing which may become a nuisance within their jurisdiction, and apply to these facts the existing law, and thus ascertain in what way they shall proceed to prevent or remove the same. Misdirected zeal is sometimes as harmful as lack of zeal. Therefore, in cases involving doubt it is always advisable to take legal counsel before proceeding to extreme measures.

* Food-Supply :

ADULTERATION OF FOOD, LIQUOR, CANDIES OR MEDICINE.—Chapter 38, Division I, of the Criminal Code, provides that—

§ 7. Whoever fraudulently adulterates, for the purpose of sale, bread or any other substance intended for food, or any candy or confection, with any substance which is poisonous or injurious to health, and whoever sells or offers or keeps for sale any adulterated bread or other substance intended for food, or candy or confection, knowing the same to be so adulterated, or shall sell or offer to sell or keeps for sale any flesh of any diseased animal, or other corrupt or unwholesome provision, shall be confined in the county jail not exceeding one year, or be fined not exceeding \$1,000, or both, in the discretion of the court.

§ 8. Whoever adulterates, for the purpose of sale, any liquor used or intended for drink, with cocculus indicus, vitriol, grains of paradise, opium, alum, copperas, laurel-water, logwood, Brazil wood, cochineal, sugar of lead, or any other substance which is poisonous or injurious to health, and whoever sells or offers or keeps for sale any such liquor so adulterated, shall be confined in the county jail not exceeding one year, or fined not exceeding \$1,000, or both.

§ 10. Whoever fraudulently adulterates, for the purpose of sale, any drug or medicine, or sells or offers or keeps for sale any fraudulently adulterated drug or medicine, knowing the same to be adulterated, shall be confined in the county jail not exceeding one year, or fined not exceeding \$1,000, and such adulterated drugs and medicine shall be forfeited and destroyed.

§ 62. Every druggist or other person who shall sell and deliver any arsenic, strychnine, corrosive sublimate, prussic acid, or other substance or liquid usually denominated as poisonous, without

* See, also, POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *forty-ninth* to *fifty-third*, inclusive.

having the word "poison" written or printed upon a label attached to the phial or parcel in which such drug is contained, or shall sell and deliver any drug or medicine other than upon the prescription of a physician, without having the name of such drug or medicine printed or written upon a label attached to the phial or parcel containing the same, shall be fined not exceeding \$25.

§ 63. If any druggist or other person sells or gives away any arsenic, strychnine, corrosive sublimate or prussic acid without the written prescription of a physician, and fails to keep a record of the date of such sale or gift, the article and amount thereof sold or given away, and the person to whom delivered, he shall be fined not exceeding \$50 for each neglect. Whoever purchases any such poison and gives a false or fictitious name, shall be punished in the same manner.

ADULTERATION OF ARTICLES OF FOOD, DRINK OR MEDICINE.—An Act to prevent and punish the adulteration of articles of food, drink and medicine, and the sale thereof when adulterated.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That no person shall mix, color, stain or powder, or order or permit any other person in his or her employ to mix, color, stain or powder, any article of food with any ingredient or material, so as to render the article injurious to health, or depreciate the value thereof, with intent that the same shall be sold; and no person shall sell or offer for sale any such article so mixed, colored, stained or powdered.

§ 2. No person shall, except for the purpose of compounding in the necessary preparation of medicine, mix, color, stain or powder, or order or permit any other person to mix, color, stain or powder, any drug or medicine with any ingredient or material, so as to affect injuriously the quality or potency of such drug or medicine, with intent to sell the same, or shall sell or offer for sale any such drug or medicine so mixed, colored, stained or powdered.

§ 3. No person shall mix, color, stain or powder any article of food, drink or medicine, or any article which enters into the composition of food, drink or medicine, with any other ingredient or material, whether injurious to health or not, for the purpose of gain or profit, or sell or offer the same for sale, or order or permit any person to sell or offer for sale any article so mixed, colored, stained or powdered, unless the same be so manufactured, used or sold, or offered for sale under its true and appropriate name, and notice that the same is mixed or impure is marked, printed or stamped upon each package, roll, parcel or vessel containing the same, so as to be and remain at all times readily visible, or unless the person purchasing the same is fully informed by the seller of the true name and ingredients (if other than such as are known by the common name thereof) of such articles of food, drink or medicine, at the time of making sale thereof or offering to sell the same.

§ 4. No person shall mix oleomargarine, suine, butterine, beef-fat, lard, or any other foreign substance, with any butter or cheese intended for human food, without distinctly marking, stamping or labeling the article, or the package containing the same, with the

true and appropriate name of such article, and the percentage in which such oleomargarine or suine enters into its composition; nor shall any person sell or offer for sale, or order or permit to be sold or offered for sale, any such article of food into the composition of which oleomargarine has entered, without at the same time informing the buyer of the fact and the proportions in which such oleomargarine, suine, or butterine, beef-fat, lard, or any other foreign substance has entered into its composition: *Provided*, that nothing in this act shall be so construed as to prevent the use of harmless coloring-matter in butter and cheese, or other articles of food.

§ 5. Any person convicted of violating any provision of any of the foregoing sections of this act shall, for the first offense, be fined not less than twenty-five dollars (\$25), nor more than two hundred dollars (\$200); for the second offense he shall be fined not less than one hundred dollars (\$100), nor more than two hundred dollars (\$200), or be confined in the county jail not less than one month nor more than six months, or both, at the discretion of the court; and for the third and all subsequent offenses he shall be fined not less than five hundred dollars (\$500), nor more than two thousand dollars (\$2,000), and imprisoned in the penitentiary not less than one year nor more than five years.

§ 6. No person shall be convicted under any of the foregoing sections of this act if he shows to the satisfaction of the court or jury that he did not know that he was violating any of the provisions of this act, and that he could not, with reasonable diligence, have obtained the knowledge.

§ 7. The State's attorneys of this State are charged with the enforcement of this act, and it is hereby made their duty to appear for the people and to attend to the prosecution of all complaints under this act, in their respective counties, in all courts.

§ 8. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

MILK.—An act to regulate the sale of milk, and to provide penalties for the adulteration thereof. Approved May 28, 1879. In force July 1, 1879.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That whoever shall, for the purpose of sale for human food, adulterate milk with water or any foreign substance, or whoever shall knowingly sell for human food, milk from which cream has been taken, without the purchaser thereof being informed or knowing the fact, or whoever shall knowingly sell for human food, milk from which what is commonly called "strippings" has been withheld, without the purchaser thereof being informed or knowing the fact, or whoever shall knowingly sell for human food, milk drawn from a diseased cow, knowing her to be so diseased as to render her milk unwholesome, or whoever shall knowingly sell for human food, milk so tainted or corrupted as to be unwholesome, or whoever shall knowingly supply, or bring to be manufactured into any substance for human food, to any cheese or butter factory or creamery, without all interested therein knowing or being informed of the fact, milk which is adulterated with water

or any foreign substance, or milk from which cream has been taken, or milk from which what is commonly called "strippings" has been withheld, or milk drawn from a diseased cow, knowing her to be so diseased as to injure her milk, or milk so tainted or corrupted as to be unwholesome, or whoever shall knowingly, with intent to defraud, take from milk after it has been delivered to a cheese-factory, or butter-factory, or creamery, to be manufactured into any substance for human food for or on account of the person supplying the milk or cream, or shall, with like intent, knowingly add any foreign substance to the milk or cream, whereby it or the products thereof shall become unwholesome for human food, shall be guilty of a misdemeanor, and for each and every such misdemeanor shall be fined not less than twenty-five (25) nor more than one hundred dollars (\$100) or confined in the county jail not exceeding six (6) months, or both, in the discretion of the court.

§ 2. Any person who shall adulterate milk, with the view of offering the same for sale or exchange, or shall keep cows for the production of milk for market, or for sale or exchange, in an unhealthy condition, or knowingly feed the same on food that produces impure, diseased, or unwholesome milk, shall be deemed guilty of a misdemeanor, and on conviction, shall be punished by a fine of not less than fifty dollars (\$50) nor more than two hundred dollars (\$200), for each and every offense.

§ 3. Any person or persons who shall in any of the cities of this State, engage in or carry on a retail business in the sale, exchange of, or any retail traffic in milk, shall have each and every can in which the milk is carried or exposed for sale or exchange, and the carriage or vehicle from which the same is vended, conspicuously marked with his, her, or their name or names, also indicating by said mark the locality from which said milk is obtained or produced, and for every neglect of such marking, the person or persons so neglecting shall be subject to the penalties expressed in section two of this act, but for every violation of this act by so marking said cans, carriage or vehicle as to convey the idea that said milk is produced or procured from a different locality than it really is, the person or persons so offending shall be subject to a fine of one hundred dollars (\$100).

§ 4. Any person who shall, in any of the cities in this State, offer for sale any milk from which the cream or any part thereof shall have been taken, shall offer for sale and sell the same as skimmed milk, and not otherwise, and shall have each can or vessel in which such milk is carried, or exposed for sale, plainly and conspicuously marked with the words, "Skimmed Milk." Any person violating this section shall be subject to a fine not exceeding fifty dollars (\$50) for each and every violation.

§ 5. Upon the rendition of judgment imposing a fine as provided in the foregoing sections, it shall be the duty of the justice of the peace or other court rendering said judgment, also to render a judgment for the costs, and forthwith to issue a *capias* or warrant of commitment against the body of the defendant, commanding that, unless the said fines and costs be forthwith paid, the defendant shall be committed to the jail of the county, and the constable or

other officer to whose hands said *capias* or warrant shall come, shall, in default of such payment, arrest the defendant and commit him to the jail of the county, there to remain, as provided by section 308 of "An act to revise the law in relation to criminal jurisprudence," in force July 1, 1874, unless such fine and costs shall sooner be paid.

§ 6. The addition of water or any foreign substance to milk or cream intended for sale or exchange, is hereby declared an adulteration. Any milk that is obtained from cows fed on distillery waste, usually called "swill," or upon any substance in a state of putrefaction, is hereby declared to be impure and unwholesome. Nothing in this act shall be construed to prevent the addition of sugar in the manufacture of condensed or preserved milk.

§ 7. Section nine (9) of division one (1) of an act entitled "An act to revise the law in relation to criminal jurisprudence," (approved March 27, 1874,) and all other acts and parts of acts inconsistent herewith, are hereby repealed.

BUTTER AND CHEESE.—An act to prevent frauds in the manufacture and sale of butter and cheese. Approved May 31, 1879. In force July 1, 1879.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly. That whoever manufactures, sells, or offers for sale, or causes the same to be done, any substance purporting to be butter or cheese, or having the semblance of butter or cheese, which substance is not made wholly from pure cream or pure milk, unless the same be manufactured under its true and appropriate name, and unless each package, roll or parcel of substance, and each vessel containing one or more packages of such substance, have distinctly and durably painted, stamped or marked thereon the true and appropriate name of such substance, in ordinary bold-faced capital letters not less than five-lines pica, shall be punished as provided in section three of this act.

§ 2. Whoever shall sell any such substance as is mentioned in section one of this act, to consumers, or cause the same to be done, without delivering with each package, roll or parcel so sold, a label on which is plainly and legibly printed, in Roman letters, the true and appropriate name of such substance, shall be punished as is provided in section three of this act.

§ 3. Whoever knowingly violates section one or section two of this act, shall be fined in any sum not less than ten nor more than three hundred dollars, or imprisoned in the county jail not less than ten nor more than ninety days, or both, in the discretion of the court: *Provided*, that nothing contained in this act shall be construed to prevent the use of skimmed milk, salt rennet, or harmless coloring matter, in the manufacture of butter or cheese.

BUTTER AND CHEESE.—An act to prevent the adulteration of butter and cheese, or the manufacture or sale of any article as a substitute for butter or cheese, or any article to be used as butter or cheese. Approved June 1, 1881.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That whoever manufactures out of any oleaginous substances, or any compound of the same other than that produced from unadulterated milk, or cream from the same, any article designed to take the place of butter or cheese produced from pure, unadulterated milk, or cream of the same, and shall sell or offer for sale the same as butter or cheese, or give to any person the same as an article of food, as butter or cheese, shall on conviction thereof be fined not less than twenty-five dollars (\$25) nor more than two hundred dollars (\$200).

§ 2. All acts or parts of acts inconsistent with this act are hereby repealed.

VINEGAR.—An Act to prevent the adulteration of vinegar, and to prevent fraud and imposition in the manufacture and sale of vinegar, and to protect the purchasers thereof. Approved June 14, 1883.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That every person who shall manufacture for sale, or shall offer or expose for sale, as cider vinegar, any vinegar not the legitimate product of pure apple juice, known as apple cider, and not made exclusively of said apple cider, shall, for each such offense, be punished by a fine of not less than twenty-five dollars (\$25) nor more than fifty dollars (\$50).

§ 2. Every person who shall manufacture for sale, or who shall offer or expose for sale, any vinegar found upon test to contain any preparation of lead, copper, sulphuric acid or other ingredients injurious to health, shall, for each such offense, be punished by a fine of not less than one hundred dollars (\$100).

CANNED OR PRESERVED FOOD.—An Act to protect the public from imposition in relation to canned or preserved food.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That it shall hereafter be unlawful in this State for any packer or dealer in preserved or canned fruits and vegetables or other articles of food to offer such canned articles for sale after January 1, 1886, with the exception of goods brought from foreign countries, or packed prior to the passage of this act, unless such articles bear a mark to indicate the grade or quality, together with the name and address of such firm, person or corporation that pack the same, or dealer who sells the same. The firm, person or corporation labeling such goods shall be considered the packer or packers.

§ 2. That all soaked goods put up from products dried before canning, shall be plainly branded on the face of the label, in letters not less than one-half inch high and three-eighth inch wide, of solid and legible type, the word "soaked."

§ 3. Any person, firm or corporation who shall falsely stamp or label such cans or jars containing preserved fruit or food of any kind, or knowingly permit such false stamping or labeling, and any person, firm or corporation who shall violate any of the provisions of this act, shall be deemed guilty of a misdemeanor, and punished with a fine of not less than fifty dollars (\$50) in the case of vendors,

and in the case of manufacturers and those falsely or fraudulently stamping or labeling such cans or jars, a fine of not less than five hundred dollars (500) nor more than one thousand dollars (\$1,000); and it shall be the duty of any board of health in this State cognizant of any violation of this, act to prosecute any person, firm or corporation which it has reason to believe has violated any of the provisions of this act, and after deducting the costs of trial and conviction, to retain for the use of such board the balance of the fine or fines recovered.—Approved June 27, 1885.

Water-Supply:

SECTION 1. The city council or board of trustees shall have the power to provide for a supply of water by the boring and sinking of artesian wells, or by the construction and regulation of wells, pumps, cisterns, reservoirs, or water-works, and to borrow money therefor, and to authorize any person or private corporation to contract and maintain the same, at such rates as may be fixed by ordinance, and for a period not exceeding thirty years; also to prevent the unnecessary waste of water; to prevent the pollution of the water, and injuries to such wells, pumps, cisterns, reservoirs or water-works.

§ 2. For the purpose of establishing or supplying water-works, any city or village may go beyond its territorial limits, and may take, hold and acquire property by purchase or otherwise; and shall have power to take and condemn all necessary lands or property therefor, in the manner provided for the taking or injuring private property for public uses; and the jurisdiction of the city or village to prevent or punish any pollution or injury to the stream or source of water, or to such water-works, shall extend five miles beyond its corporate limits, or so far as such water-works may extend.—[*Revised Statutes, Chapter 24, Article X.*]

SUPPLY BY CONTRACT.*—An Act to enable cities [incorporated towns] and villages to contract for a supply of water for public use. Approved April 9, 1872.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That in all cities [incorporated towns] and villages where water-works may hereafter be constructed by an incorporated company, the city [town] or village authorities in such cities [incorporated towns] and villages may contract with such incorporated company for a supply of water for public use, for a period not exceeding thirty years.

§ 2. Any such city or village so contracting, may levy and collect a tax on all taxable property within such city or village, to pay for the water so supplied.

WATER-WORKS.—An Act to amend section one (1) of an act entitled "An act authorizing cities, incorporated towns and villages to construct and maintain water-works," approved and in force April 15, 1873. Approved and in force May 15, 1879.

* The words inclosed in [brackets] are made parts of this act by an amendatory act, approved June 26, 1885.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: That section one (1) of an act entitled, "An act authorizing cities, incorporated towns and villages to construct and maintain water-works," approved and in force April 15, 1873, be and is hereby amended so as to read as follows:

§ 1. That all cities, incorporated towns and villages in this State be and are hereby authorized and shall have power to provide for a supply of water for the purposes of fire protection, and for the use of the inhabitants of such cities, incorporated towns or villages, by the erection, construction and maintaining of a system of water-works, or by uniting with any adjacent city, incorporated town or village in the erection, construction and maintaining of a system of water-works for the joint use of such cities, incorporated towns or villages, or by procuring such supply of water from any adjacent city, incorporated town or village already having water-works: *Provided*, that all contracts for the erection or construction of such works, or any part thereof, shall be let to the lowest responsible bidder therefor, upon not less than three (3) weeks' public notice of the terms and conditions upon which the contract is to be let having been given by publication in a newspaper published in such city, town or village; or, if no newspaper is published therein, then in some newspaper published in the county: *And provided, further*, that no member of the city council, or board of trustees or mayor, shall be directly or indirectly interested in any such contract, and in all cases the council or board of trustees, as the case may be, shall have the right to reject any and all bids that may not be satisfactory to them.

SOURCE OF SUPPLY MAY BE CHANGED.—An act to aid cities owning or operating water-works to secure an additional or better supply of pure water. Approved May 27, 1881.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That all cities owning or operating water-works under any charter granted by act of any General Assembly of this State, or under the general incorporation laws of this State, whether by boards of water commissioners or by officers appointed for that purpose, are hereby granted the following powers and privileges, for the purpose of increasing or bettering the source of supply from which such water is obtained.

§ 2. Whenever, in the judgment of a majority of any board of water commissioners, or if there be no such board, then in the judgment of a majority of the city council of any city owning or operating such water-works, it shall be necessary for the public health, or for any other cause, to increase the source of water-supply, or to substitute for it such better source as, in their judgment, the interests of such city may demand, such board of water commissioners or city council may, in addition to the powers already conferred upon them by act of any General Assembly of this State, construct wells, either by boring or excavation, and protect and equip the same after construction, or may lease water-privileges from private parties or corporations owning wells already or hereafter to be constructed, and may pay for such construction or lease,

and for the expenses maintained in operating the same, out of any earnings of such water-works under their control which may be in their hands at the time of the taking effect of this act, or which may accrue to them hereafter: *Provided*, that no money shall be expended under the provisions of this act, for the purposes herein specified, until the question of the expenditure of such money for the purposes aforesaid shall have been submitted to a vote of the people of the city in which such water-works may be situated, at any election for city officers, or special election called for that purpose by the city council of said city, and shall have received a majority of the votes cast at such election: *Provided, further*, that no money shall be expended under the provisions of this act, for the purposes aforesaid, other than the surplus earnings of such water-works.

***Sewerage :**

CONTRACT FOR SEWERAGE.—An act to enable cities, towns and villages to contract with each other for sewerage. Approved May 14, 1879. In force July 1, 1879.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That whenever any city, or incorporated town or village, shall be adjacent or contiguous to any other city or incorporated town or village, they shall be authorized to contract with each other, upon such terms as may be agreed upon between them, to allow and permit the one the use and benefit of any sewer or drain, or of any system of sewerage or drainage heretofore constructed, or which may be hereafter constructed by the other; and further, that any such sewer or drain, or system of sewerage or drainage, constructed or which may hereafter be constructed by the one, may be extended or furnished to the inhabitants of the other, and they may, by contract with each other, provide for the joint construction of any sewer or drain by the municipalities so contracting, and for the common use thereof by the inhabitants of such municipalities.

§ 2. The contract contemplated in section one of this act may be made by ordinance or resolution duly enacted or passed by the common council, board of trustees, or other proper legislative authority of the city or incorporated town or village proposing such contract, and ratified or assented to by ordinance or resolution duly enacted or passed by the common council, board of trustees, or other proper legislative authority of the city or incorporated town or village confirming or agreeing to such contract, and every such contract, when ratified or confirmed by the proper corporate authorities of the municipal corporations who are parties thereto, shall be in all respects valid and binding.

Public Buildings :

TO REGULATE MEANS OF EGRESS.—*Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That* all public buildings now in process of construction, or hereafter to be built or constructed, which may or shall be used for

*See, also, POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Items *thirteenth, twenty-ninth, thirtieth and fifty-seventh.*

churches, school-houses, operas, theatres, lecture-rooms, hotels, public meetings, town-halls, or which may or shall be used for any purpose whereby a collection of people may be assembled together for religious worship, amusement or instruction, shall be so built and constructed that all doors leading from the main hall or place where said collection of people may be assembled, or from the principal room which may be used for any of the purposes aforesaid, shall open outward; and that all means of egress from the building shall be by means of doors which shall open outward from the main hall or building.

§ 2. That any person or persons who shall fail or refuse to comply with the provisions of this act shall be fined in any sum not less than \$100, nor more than \$1,000.

§ 3. That in all cities and towns having a population of two thousand inhabitants and upwards, the mayor or other corporate authority of said town or city shall be empowered, and is hereby authorized, to close and prohibit all public buildings hereafter erected, from being used in violation of this act.

In force July 1, 1874.

FIRE ESCAPES.*—An act relating to fire escapes from buildings.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That within six (6) months next after the passage of this act, all buildings in this State which are four or more stories in height, excepting such as are used for private residences exclusively, but including flats and apartment buildings, shall be provided with one or more metallic ladder or stair fire-escapes, attached to the outer walls thereof and extending from or suitably near the ground to the uppermost story thereof, and provided with platforms of such form and dimensions, and in such proximity to one or more windows of each story above the first, as to render access to such ladder or stairs from each such story, easy and safe; the number, location, material and construction of such escapes to be subject to the approval of the board of supervisors in counties under township organization, and the board of county commissioners in counties not under township organization, except in villages, towns and cities organized under any general or special law of this State, such approval shall be had by the corporate authorities of such villages, towns and cities: Provided, however, that all buildings, more than two stories in height, used for manufacturing purposes, or for hotels, dormitories, schools, seminaries, hospitals or asylums, shall have at least one such fire-escape for every fifty (50) persons for which working, sleeping or living accommodations are provided above the second stories of said buildings; and that all public halls which provide seating room above the first or ground story, shall be provided with such numbers of said ladder or stair fire-escapes as the board of supervisors or commissioners or corporate authorities aforesaid may direct.

* See, also, POWERS OF CITY COUNCILS AND VILLAGE TRUSTEES: Item sixty-first.

§ 2. All buildings of the numbers of stories and used for the purposes set forth in section one (1) of this act, which shall be hereafter erected within this State, shall, upon or before their completion, each be provided with fire escapes of the kind and number, and in the manner set forth in said section one (1) of this act.

§ 3. After the expiration of six (6) months next after the passage of this act, the boards of supervisors and commissioners, and in villages, towns and cities the corporate authorities thereof, as aforesaid, may, at any time, direct the sheriff of their respective counties to serve a written notice, in behalf of the People of the State of Illinois, upon the owner or owners, trustees, lessee, or occupant of any building within their county, not provided with fire-escapes in accordance with the requirements of this act, commanding such owners, trustees, lessee or occupant, or either of them, to place or cause to be placed upon such building, such fire-escape or escapes, within thirty (30) days after the service of such notice. And the grand juries of the several counties of this State may, also, during any term, visit, or hear testimony relating to any building or buildings within their respective counties, for the purpose of ascertaining whether it or they are provided with fire-escapes in accordance with the requirements of this act, and submit the result of their inquiry, together with any recommendations they may desire to make, to the circuit court, except in Cook county, and to the criminal court of Cook county; and said court may thereupon, if it find from the report of said grand jury that said building or buildings is or are not provided with a fire-escape or escapes in accordance with this act, cause the sheriff to serve a notice or notices upon the owner, trustees, lessee, or occupant of such building or buildings.

§ 4. Any such owner or owners, trustees, lessee, or occupant, or either of them, so served with notice as aforesaid, who shall not, within thirty (30) days after the service of such notice upon him or them, place or cause to be placed such fire-escape or escapes upon such building as required by this act and the terms of such notice, shall be subject to a fine of not less than twenty-five (25) or more than two hundred (200) dollars, and to a further fine of fifty (50) dollars for each additional week of neglect to comply with such notice.

§ 5. All the money or moneys collected as fines under and by virtue of this act, shall be paid into or placed to the credit of the common school fund of the counties in which they are collected. Approved June 29, 1885.

Burial Permits:

At a regular meeting of the STATE BOARD OF HEALTH, held April 13-15, 1882, the following resolution was adopted:

Resolved, That in order to protect the legal interests of survivors, to facilitate the detection of crime, and to secure fuller and more accurate knowledge of the causes of mortality, whereby preventive medicine and general sanitation may be promoted, the ILLINOIS STATE BOARD OF HEALTH earnestly recommends to the proper authorities of all cities and towns in this State having populations of one thousand or over, the enactment and enforcement of a suitable ordinance requiring a burial permit from a designated official, and

based upon the physician's certificate of death *now required by the statute*, as a condition precedent to interment within, or removal of a decedent without, the corporate limits of any such city or town.

The following form of such ordinance was prepared by the BOARD in 1882, and has since been adopted and is enforced in many cities and towns:

AN ORDINANCE IN RELATION TO BURIAL PERMITS.

Be it ordained by the..... of the..... of..... in the county of in the State of Illinois:

1. That no burial or interment shall be lawful in the of....., nor shall any dead body be removed from said, until a permit for such burial, interment or removal shall have been first obtained from the..... of said

2. That such permit shall be issued by the upon his receipt of the usual certificate of death, signed by (1) the attending physician in the case; or, if none, by (2) one of the parents of the deceased; or, if none, by (3) the nearest of kin not a minor; or, if none, by (4) the resident householder where the death occurred; or, if none, by (5) any reputable citizen cognizant of the facts and circumstances of the death; or, if the death be the subject of an inquest, by (6) the coroner or other officer holding said inquest.

3. That any undertaker or sexton, and each and every other person engaged or concerned in a burial in violation of the provisions of this ordinance, and the officers and employes of any transportation company, or any other person or persons engaged or concerned in the removal of a dead body from said in violation of the provisions of this ordinance, shall be subject to a fine of not less than (.....) dollars, nor more than (.....) dollars for each offense.

4. That the shall enter in a suitable book to be kept for that purpose, a record of all burial permits issued, specifying the date of issue and to whom issued, together with all the items of information contained in the certificates upon which the issue of such permits is based; and he shall forward to the county clerk of county, at the end of each month, all of said certificates so received during the month.

5. That this ordinance shall be in force from and after its passage and publication.

The following is the form of permit in use:*

Burial Permit No.

Office of [City or Town Clerk, or other Officer].

[Name of Place.]

....., 18...

Permission is hereby given to remove
for interment, the remains of

Date of Death: 188... Age: ... years, ... months, ... days.

Place of Death:

Cause of Death:

Medical Attendant:

.....
[Official Title of Person issuing.]

[Stub or Counterfoil to be retained.]

Burial Permit No.

[Name of Place.]

..... 188...

Name of
Deceased:

Age: ... years, ... months, ... days.

Sex:; Color:

Date of Death: 188...

Place of Death:

Cause of Death:

Medical Attendant:

Place of Interment:

Issued to:

It should be observed that wherever such an ordinance is adopted the certifying physician is relieved of the necessity of transmitting his certificates direct to the county clerk, but will simply return them to the designated city or town official, who will forward them to the county clerk after using them as the basis for the burial permit. This has been found to work well practically in places where burial permits are required. It helps to secure a more general compliance with the law requiring physicians to report all deaths occurring under their supervision, with certificates of the causes thereof.

The manifest object of the State law is to secure such knowledge of the causes of mortality as may lead to measures for removing or modifying such causes as are susceptible of removal or modification. This is of primary importance to cities and towns, since a reputation for healthfulness, or the reverse, undoubtedly influences the growth and prosperity of any given locality. By means of the burial permit and its record the facts contained in the physician's

* These may be obtained, bound in book form, from leading stationers in Chicago, who make a specialty of public printing, forms, etc.

certificate may be made immediately available for this purpose, while they cannot be where returned direct to the county clerk. From the "suitable book," prescribed in the ordinance, a weekly or monthly report may be compiled for publication, either in the newspaper press or otherwise, and thus the condition of, and the influences affecting, the public health may be accurately judged at any given time, and comparison made with other localities.

Where burial permits are required—as they are in many places—the existence of a contagious disease—as small-pox, scarlet fever, diphtheria—has often first been made known by the information given in the permit, which thus serves to direct preventive measures for arresting further spread of the contagion.

On the other hand, in the absence of a burial permit many evils arise, among which may be mentioned the fact that the bodies of murdered persons may be more easily disposed of. Within a brief period three such instances have come to the Secretary's knowledge where the bodies of the victims were buried without exciting suspicion. Accidental clues led to disinterment and discovery of the crimes.

Briefly, the reasons for the enactment of such an ordinance may be thus summarized:

First.—It will be of value in securing fuller, more accurate, and more readily available knowledge of the causes of death—a knowledge which is absolutely necessary to the profitable application of efforts for the preservation of health, the limitation of disease, and the prolongation of human life.

Second.—It will be of value in the protection of life against criminal violence, by facilitating the detection of such violence through preventing the burial of victims of homicide, abortion, poisoning, etc., without proper investigation.

Third.—It will be of value in the protection of property interests, by making the facts pertaining to a death and burial, matters of record which may be useful in probating wills, settling estates, determining heirships, perfecting letters, adjusting life insurance, and kindred matters.

Cemeteries:

AN ACT in relation to the control of public graveyards. Approved May 29, 1879. In force July 1, 1879.

*Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That public graveyards in this State, not under the control of any corporation, sole organization, or society, and located within the limits of cities, villages, towns, townships or counties not under township organization, shall and may be controlled or vacated by the corporate authorities of such city, village, town, township or county, in such manner as such authorities may deem proper, and in the case of towns, such control may be vested in three trustees, to be elected annually by the voters of such town at the annual town meeting therein.**

*See, also, POWERS OF CITY COUNCILS AND VILLAGE BOARDS: Item *Seventy-ninth*.

Diseases of Animals:

SECTION 258, of the first division of the Criminal Code (Chap. 38, Revised Statutes,) provides that any person who shall knowingly and willfully bring, or cause to be brought, into this State any sheep or other domestic animal infected with contagious disease, or who shall knowingly and willfully suffer or permit sheep or other domestic animals infected with contagious disease to run at large, shall be fined in any sum not exceeding \$100, and shall be liable in a civil action for all damages occasioned thereby.

AN act of the 32d General Assembly, approved May 31, 1881, created the office of State Veterinarian, whose duty it should be to investigate any and all cases of contagious or infectious disease among domestic animals of the bovine species in this State. It provided for the quarantine and slaughter of animals in case of an epidemic—Sec. 2; for the appraisement of slaughtered animals—Sec. 3; for the prohibition of the importation of cattle from infected localities—Sec. 4; for penalties for neglecting to report contagious diseases—Sec. 5; for official reports by the State Veterinarian—Sec. 6; for payment of claims for slaughtered animals—Sec. 7; for the compensation of the State Veterinarian and for appraisers' and physicians' fees—Sec. 8.

This act was amended by the 33d General Assembly, by making all its provisions, rules, regulations, requirements, fees, salaries and penalties apply to the suppression and prevention of contagious or infectious glanders among horses, mules and asses; and the 34th Assembly transferred the whole subject to a live-stock commission, in the following enactment:

AN ACT to revise the law in relation to the suppression and prevention of the spread of contagious and infectious diseases among domestic animals.

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly, That the Governor shall, with the advice and consent of the Senate, appoint three practical stock breeders, who shall constitute a board of live stock commissioners, who shall hold their office in the order in which they are named, the first for one year, the second for two years, and the third for three years; and their successors in office shall be appointed for three years each. Before entering on the duties of their office, they shall take and subscribe to an oath of office for the faithful performance of their duties as such commissioners, and shall file the same with the Governor.

§ 2. It shall be the duty of said board of commissioners to cause to be investigated any and all cases, or alleged cases, coming to their knowledge, of contagious or infectious diseases among domestic animals, and to use all proper means to prevent the spread of such diseases, and to provide for the extirpation thereof; and in the event of reasonable ground for belief that any such contagious or infectious disease has broken out in this State, it shall be the duty of the person owning or having in charge animals infected with disease, or any other person having knowledge or reason to suspect the existence of such disease, to immediately notify said board of commissioners, or some member thereof, by communication to said board, of the

existence of such disease; and thereupon it shall be the duty of said board immediately to cause proper examination thereof to be made, and if said disease shall be found to be a dangerously contagious or infectious malady, said board shall order said diseased animals, and such as have been exposed to contagion, to be strictly quarantined in charge of such person as the board, or any authorized member thereof, shall designate; and they shall have power to order any premises or farms where the disease exists or has recently existed, as well as exposed premises or farms, to be put in quarantine, so that no domestic animal which has been or is so diseased, or has been exposed to such contagious or infectious disease, be removed from or brought to the premises or places so quarantined; and said board shall prescribe such regulations as they may deem necessary to prevent such disease from being communicated in any way from the premises quarantined. The said board shall have power to order the slaughter of diseased animals, and in cases of contagious and infectious diseases they shall have power to order the appraisement and slaughter of all such animals as have been exposed to such contagion.

§ 3. The Governor shall appoint a competent veterinary surgeon, who shall be known as the State Veterinarian, who, together with his assistants, shall act under the direction of said board in carrying out the provisions of this act. In the event of the inability of the said State Veterinarian to perform all the work which he may be directed to do by said board of commissioners, he may, by and with the advice and consent of said board, appoint necessary assistants, upon terms not exceeding that paid the State Veterinarian. The State Veterinarian shall receive for his services the sum of \$8 per day for each day actually employed under the provisions of this act, together with his necessary traveling expenses, to be certified to by said board of commissioners.

§ 4. Whenever said board of commissioners shall report to the Governor that such diseases have become epidemic in certain localities in other States, or that their condition would render such domestic animals liable to convey diseases, he may, by proclamation, schedule such localities, and prohibit the importation of any live stock, of the kind diseased, into the State, except under such regulations as may be prescribed by the said board and approved by the Governor. Any corporation which shall knowingly transport, receive or convey such prohibited stock, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$1,000 nor more than \$10,000 for each and every offense, and shall become liable for any and all damage or loss that may be sustained by any party or parties by reason of the importation or transportation of such prohibited stock. Any individual who shall knowingly sell, buy, receive, convey, or engage in the traffic of diseased or exposed stock, shall be guilty of a felony, and upon conviction thereof shall be imprisoned not less than one nor more than ten years in the penitentiary, and fined not less than \$500 nor more than \$5,000 for each and every offense, and shall become liable for any and all damage or loss that may be sustained by any party or parties, resulting from exposure to said diseases. Any veterinary practitioner having information of any such contagious or infectious disease in

this State, and who shall fail to promptly report such knowledge to the board of live stock commissioners, shall be fined not less than \$100 nor more than \$500, or be imprisoned in the county jail not more than one year for each offense.

§ 5. All cases against the State arising from the slaughter of animals, as herein provided for, shall be made to said board of commissioners, under such rules and regulations as they may prescribe; and it shall be the duty of said board of commissioners to determine the amount which shall be paid in each case on account of animals so slaughtered, which shall be based on the fair cash market value thereof for beef, or for use for dairy purposes, not to exceed seventy-five dollars per head, and report the same to the Governor; but in no case shall there be anything allowed, or paid, for such animals as are already diseased at the time of their slaughter; and the Governor shall endorse thereon his order to the State Auditor, who shall thereupon issue his warrant on the State Treasurer for the same.

§ 6. Said board of commissioners, and the State Veterinarian and his assistants in the performance of their duties under this act, shall have power to call on sheriffs, constables and peace officers to assist them in carrying out its provisions, and it is hereby made the duty of sheriffs, constables and peace officers in this State to assist in carrying out the provisions of this act when ordered so to [do] by said board of commissioners; and said commissioners, and the State Veterinarian and his assistants, shall have, while engaged in carrying out the provisions of this act, the same powers and protection that other peace officers have.

§ 7. It shall be the duty of said board of commissioners to keep a record of all their acts and proceedings, and report the same to the Governor, annually, or oftener, if required, for publication. The annual report shall include an itemized statement of all sums expended by them under this act, including a statement of all damages recommended by them to be paid for all animals slaughtered, and the amounts paid therefor.

§ 8. The members of said board shall receive their necessary traveling expenses, and other incidental expenses necessarily incurred in the performance of their duties under this act, to be paid on certified and itemized vouchers to be approved by the Governor.

§ 9. The sum of ten thousand dollars, or so much thereof as may be necessary, is hereby appropriated out of the State treasury, out of any money not otherwise appropriated, for the purpose of carrying out the provisions of this act: *Provided*, that no part of this sum shall be used for the payment of damages for animals slaughtered under the provisions of this act.

§ 10. All acts and parts of acts inconsistent herewith are hereby repealed. Approved June 27, 1885.

TEXAS FEVER.—In addition to the foregoing enactments, the ravages of that form of anthrax known as the Texas, or Spanish, or splenic fever, led to the passage, in 1867, of an act to prevent the introduction of Texas or Cherokee cattle into Illinois. This, being found imperfect, was amended in 1869, so as to allow their intro-

duction between October 1 and March 1 of each year; but, after the constitutionality of the amended act had been twice affirmed in the State courts (*Yeazel v. Alexander*, 58 Ill. 254, and *Stevens v. Brown*, 58 Ill. 289,) the United States Supreme Court held that a similar law of Missouri was repugnant to the Federal Constitution, and overruled the Illinois decisions (*Railroad Co. v. Husen*, 5 Otto, 465). The act was thereupon declared to be unconstitutional by the Illinois Supreme Court, in the cases of *Salzenstein v. Marvis*, 91 Ill. 391; *C. & A. R. R. Co. v. Erickson*, 91 Ill. 613, and *Jarvis v. Riggins*, 94 Ill. 164, and has since been a dead letter.

RULES AND REGULATIONS CONCERNING THE PUBLIC HEALTH.

Vaccination of School-Children:

OFFICIAL ORDER CONCERNING THE VACCINATION OF SCHOOL-CHILDREN.—At a special meeting of the STATE BOARD OF HEALTH, held in the city of Chicago, November 22, 1881, the following resolution was unanimously adopted:

Resolved, That, by the authority vested in this BOARD, it is hereby ordered that on and after January 1, 1882, no pupil shall be admitted to any public school in this State without presenting satisfactory evidence of proper and successful vaccination.

At the regular quarterly meeting of the STATE BOARD OF HEALTH, held in the city of Springfield, July 2 and 3, 1884, the Secretary, in his report to the BOARD, made the following comments and suggestions:

With regard to further action concerning Small-Pox, in view of the probability of its epidemic spread from abroad, as shown by its increasing prevalence in London and elsewhere, and its frequent introduction into the State from neighboring States, I would suggest that it is desirable to call the attention of sanitary authorities and others to these facts and to the experience of the last few months, which shows that when the disease is introduced into a community where vaccination and revaccination were not thoroughly carried out during the recent epidemic, there is still danger of serious trouble. It is also important that county superintendents, school boards, and others interested, should have their attention again directed to the fact that the *School-Vaccination Order of the Board is permanent and continuous*, and that its thorough enforcement is expected so as to prevent any accumulation of unprotected or imperfectly protected scholars, from term to term. To this end I think it necessary to again print and distribute copies of the Order, with necessary instructions, together with supplies of certificates and blanks for returns, to be made through the county superintendents by the first of January next.

In view of the foregoing considerations, the BOARD subsequently adopted the following resolution:

Resolved, That the increasing prevalence of Small-Pox in London and elsewhere, indicating a probable renewal of the epidemic tendency, and its frequent introduction into Illinois from neighboring States within the past few months, make it desirable that vaccinal

protection be secured as fully as possible in every portion of the State; and to this end the Secretary is hereby authorized to call the attention of sanitary authorities and others to the subject, and to take the necessary steps to push the further enforcement of the School-Vaccination Order of the BOARD, so that all new scholars, and those who have not heretofore fully complied with its provisions, may be properly protected against Small-Pox before the advent of cold weather.

In accordance with this action of the BOARD, County Superintendents of Schools, School Directors, Trustees and Teachers, are hereby reminded that the admission of any child to a public school in this State, without presenting satisfactory evidence of proper and successful vaccination, is prohibited.

The following extracts from opinions of the Attorney General define the rights and duties of all concerned in this matter:

Under the Revised Statutes of Illinois, Chapter 126a, Section 2, broad duties are devolved upon the STATE BOARD OF HEALTH, and ample power is given to enable them to discharge such duties. They not only have the right, *but it is their duty*, to make any and all rules and regulations which they may deem necessary to preserve the public health. Such rules and regulations, when promulgated, *have the force and authority of law*, and are to be enforced, if necessary, by the entire power, including School Officers, etc., of the State.

* * * As to the authority of school directors to enforce the rules of the STATE BOARD OF HEALTH in reference to vaccination, I have the honor to say that section 2 of the act creating the STATE BOARD OF HEALTH, declares that "it shall be the duty of all police officers, sheriffs, constables, and all other officers and employes of the State, to enforce such rules and regulations, so far as the efficiency and success of the BOARD may depend upon their official co-operation." These are the words of the law, and it includes School Directors with all other officers. In enforcing the orders of the BOARD OF HEALTH, of course the law will protect them in using any necessary means to carry out the orders, even to the extent, should it become necessary, *of excluding from the school those who refuse to comply*.

Based upon these opinions the HON. NEWTON BATEMAN, now President of the BOARD, presented the following resolution, which was unanimously adopted at a meeting held January 19, 1882:

Resolved, That the power of the STATE BOARD OF HEALTH, under the law creating said BOARD, to order the vaccination of all public-school children, is clear and unquestionable. The consequent duty of Boards of School Directors to see that such order is strictly enforced in their respective districts, is equally clear, and the said order of the BOARD OF HEALTH *is their sufficient warrant for so doing*.

Should any Board of Directors refuse or neglect to carry out said order, they may be proceeded against for neglect of duty; and should any such Board be prosecuted for enforcing said order, they may, if necessary, employ counsel to defend them in such suits, and pay said counsel out of any school funds of their district not otherwise specifically appropriated.

The protection of the public health from the loathsome and deadly scourge of small-pox is a paramount obligation, and nothing can or should or will excuse School Boards, or other officers or persons concerned, from doing their whole duty in the premises.

In this connection attention is invited to the following facts concerning the operation of the School-Vaccination Order during the winter of 1881-82, and which are compiled from the Fifth Annual Report of the STATE BOARD:

When the School-Vaccination Order went into effect, January 1, 1882, nearly sixty-nine per cent., or over 490,000 of the enrolled scholars in Illinois were either entirely unprotected against small-pox by vaccination, or had again become susceptible through failure to revaccinate at the proper time. Within sixty days, that is, by the 1st of March, 1882, there was less than six per cent. of unprotected and susceptible remaining among those in attendance; and the frequency of small-pox and varioloid among public-school children has been lessened more than one-third, while the mortality rate of cases was reduced from 16.5 per cent. to 3.3 per cent. On the one hand, the number of cases was reduced, owing to the general vaccinal protection; and on the other hand, the cases which did occur were milder and less fatal, because of the modifying effect of vaccination. The small-pox reports made to the BOARD from all parts of the State during the four years, 1880-1883, show that the deaths among *unvaccinated* school-children were at the rate of 48 in every 100 attacked; while the deaths among *vaccinated* school-children were only in the proportion of *nine-tenths of one per cent.* of those attacked. It is difficult to conceive of a stronger argument than these figures present, for the necessity of a thorough enforcement of proper and successful vaccination as a prerequisite to admission to the public school-room.

INSTRUCTIONS AS TO "SATISFACTORY EVIDENCE OF PROPER AND SUCCESSFUL VACCINATION."—The object of this measure is to make sure that children in attendance at the public schools are properly protected against small-pox, to the end that their health and lives may be preserved and interruption of schools by the disease may be avoided.

Evidence of this protection will be most readily and usefully afforded by means of the *Certificate* (Form 51) prepared and furnished by the STATE BOARD. Such certificate, filled out in accordance with the following instructions, will be received as the "satisfactory evidence" required by the Order.

1. Before being admitted as a pupil in any public school, every child must present to her or his teacher, a certificate signed by a legally-qualified physician, stating (1) *Name*; (2) *Age*; (3) *Residence*; (4) *Date of Vaccination*—as near as may be; (6) *Date of Examination*, accurately; and (7) *Result*, as shown on the child's person.

The *date of examination* and the *result*, as shown on the person of the child, are matters which the physician must testify to of "his own knowledge." All else may be qualified in accordance with the facts—as to information or belief.

2. Children over the age of fourteen years (approximately,)—that is, who have passed through the developmental changes occurring about this age, and which changes are known to frequently impair the protective power of vaccination performed prior thereto—must present certificates showing that they have been vaccinated, or re-vaccinated, as the case may be, *subsequent* to this age. In case, however, a given child has passed the age mentioned and such changes have not yet taken place, *re-vaccination* is not indispensable, *provided* the evidence of a successful primary vaccination is conclusive. The physician is the sole judge in each case, and his certificate must convey the necessary information to the teacher.

3. A certificate from a legally-qualified physician that a given child is protected by a previous attack of small-pox or varioloid; or that it would be dangerous at the present time to vaccinate a given child; or that such insusceptibility has been demonstrated as, in itself, amounts to protection—shall be accepted by school authorities in lieu of the “satisfactory evidence” required by this order.

4. All vaccinations should be performed by competent medical men; or, if by a non-professional person of sufficient skill and experience, the *result must be examined and certified to by a legally-qualified physician*. Such authority only is competent to pronounce upon the sufficiency of vaccinal protection, or upon the danger or inadvisability of performing the operation at a given time, or in certain conditions of the system.

5. In case of failure in a *primary* vaccination, the attempt should be repeated often enough (at intervals of a fortnight) to demonstrate the insusceptibility of the child. Five repetitions are not too many, and it not unfrequently happens that the seventh, eighth or ninth attempt is successful. Where less than five repetitions are advised by the physician, he must assume the responsibility of asserting the proper protection of the child. His endorsement of the certificate to that effect shall be received by the school authorities as entitling the child to school attendance.

6. If more than one in five primary vaccinations are failures, the physician should suspect the quality of his virus, and obtain a supply from a new source. With most physicians it undoubtedly is unnecessary to urge the importance of examination at a proper interval after the operation. Such examination should be always made, because, among other reasons, without it the vaccinator deprives himself of the only proof of the value of the virus employed, and his vaccinees may thence be reposing in a false security, which may prove disastrous.

7. To facilitate the tabulation of Returns, and their subsequent examination in the Secretary's office, the use of the following terms, to describe the result, is desired: *Typical*, if the resulting scar is well-marked, characteristic, of normal size, and perfect in outline, depression and pitting; or *Modified*, if, while well marked and characteristic, the scar is less than normal size and of irregular contour; or *Bad*, if the scar be less than one-fourth of an inch in diameter, or simply a smooth, flat, shiny mark.

The physician should always insist upon re-vaccination where the scar is “Bad,” as thus defined.

8. Legally-qualified physicians may obtain the *Scholar's Certificate* blanks from teachers, school directors or other officers of public instruction; from county clerks; or, by mail, direct from the Secretary's office at Springfield.

TO SCHOOL AUTHORITIES.—I. The execution of this order is necessarily devolved upon the various officers of public instruction—County Superintendents, School Directors, Trustees and Teachers—each and all of whom are hereby authorized and directed to aid in its enforcement in their respective capacities. In all cases, however, the assistance and co-operation of the local health authorities should be invited.

Much of the success of this effort to protect the children from a loathsome pestilence will depend upon the wisdom, firmness and intelligent action of the school authorities. Timely notification and instruction will save much unnecessary friction; and exact information will soon dispel ignorant and bigoted opposition. It only needs that the public be rightly informed to secure ready co-operation. All inquiries will be promptly answered from this office, and every available facility afforded for meeting emergencies.

II. County Superintendents are respectfully requested to secure a prompt distribution of the copies of the orders, certificates, returns, etc., forwarded to them; to explain to Directors and Teachers the scope of the order, and to advise as to the methods of its enforcement. It is especially desired that they communicate fully and promptly to the Secretary's office any difficulties encountered, and suggestions which their individual knowledge of local conditions and circumstances may warrant.

III. School Directors are the immediate source of authority for the action of Teachers under this order. In addition to the resolution concerning the duty of School Boards already quoted, the Attorney-General says that the law which directs all officers and employes of the State to enforce the rules and regulations of the STATE BOARD OF HEALTH, unquestionably includes School Directors. He adds: "In enforcing the orders of the BOARD OF HEALTH, of course the law will protect them [the School Directors] in using any necessary means to carry out the orders, even to the extent, should it become necessary, of excluding from the schools those who refuse to comply." Instructions to this effect should, therefore, be given to Teachers by their Directors.

Provision should be made by School Boards for the gratuitous vaccination of the children of those unable to pay for the same. Local boards of health have the right to do this at the expense of town, county or city funds. Where there are no regularly organized boards of health the county commissioners act in that capacity, or the supervisors, assessors and town clerks of townships. These officers have all the power, authority and responsibility of a board of health, and will generally be found quite willing to assist in this method of protecting the public health.

IV. Teachers—who should, in all cases, have been revaccinated within the past four years—should familiarize themselves with the form of the *Scholar's certificate*; see that it is properly filled out

when presented; make a record of its data for their own use; fill up the blank return (Form 52, S. B. H.) and forward said return to their County Superintendent, as herein directed.

In the examination of the *Certificate*—

1. Special attention must be paid to the entries in “4. Date of Vaccination;” “6. Date of Examination;” and “8. Previously Vaccinated.”

Any certificate relating to a *recent* vaccination—that is, one performed within the twelve months preceding the date of the certificate—must show the date of such vaccination and the date of examination; and an interval of not less than *eight days* must be shown between the two dates.

Any certificate relating to a *previous* vaccination only—that is, one performed more than a year prior to the date of the certificate—must state the year of such vaccination, and the date of examination; which examination must have been made within thirty days prior to the presentation of the certificate.

Any certificate not conforming to one or the other of these requirements is imperfect, and must be returned to the certifying physician for completion. This is essential in order to be assured that the child has been *recently examined*, and that the record concerning its vaccination is matter of knowledge and not of presumption or opinion.

2. A certificate of recent vaccination issued by a legally qualified physician, and in which the result has been a failure, shall be received as a substantial compliance with the order, *entitling the child to admission pending the result of the repeated operation*. Similarly a certificate of a legally-qualified physician setting forth that the bearer is protected by reason of a previous attack of small-pox or varioloid: or that it would be dangerous to vaccinate the bearer at the present time, shall be valid as entitling such child to admission to school.

3. Certificates of successful vaccination, or revaccination; or of protection by previous attack of small-pox or varioloid; or that it is dangerous to vaccinate, will, after the data have been entered on Form 52, be returned to the children, and shall be valid, as entitling to admission, until otherwise ordered.

Certificates in which the result is entered “failure,” will be taken up on presentation, and forwarded with the Returns.

4. Returns of Vaccination Certificates (Form No. 52) should be made on or before the 1st of January of each year. These should contain the names, (and all other information indicated on the Return) of every child in attendance who has not been previously accounted for. Such information is not necessary concerning the scholars who have previously complied with the requirement; but it is desired that the total number of such scholars in attendance be reported upon the Return. All Returns should be made through the County Superintendent, who, after examination, will forward them to office of the STATE BOARD in Springfield.

Concerning Contagious and Infectious Diseases :

THE following *Rules and Regulations of the ILLINOIS STATE BOARD OF HEALTH, Concerning Contagious and Infectious Diseases*, are appli-

cable to Small-Pox, Diphtheria, Scarlet Fever, Typhoid Fever, Asiatic Cholera and Yellow Fever; and their enforcement and observance are enjoined upon all local health authorities:

1. ISOLATION AND QUARANTINE.—Whenever it is known that any person is sick with small-pox or varioloid, diphtheria, scarlet fever, typhoid fever, Asiatic cholera or yellow fever, isolation of the individual must be promptly and rigidly enforced. The local authorities must be at once notified of the existence of the case by the householder in whose dwelling the case occurs, and of its exact locality.

2. DUTIES OF HEALTH AUTHORITIES.—Immediately upon receipt of such notice, the medical health officer should visit the locality and secure prompt compliance with the precautions herein set forth. He should see that the proper placards are duly posted; and, through the sanitary policeman, or otherwise, should notify the schools; take charge of funerals of those dying of the disease; superintend the disinfection of rooms, clothing and premises; and, finally, give official certificates of recovery, and of freedom from liability to communicate the disease to others. Until these latter are issued, a rigid system of isolation or quarantine should be maintained with regard to an infected house and its contents—persons and things.

Where there is no medical health officer, the attending physician should see that these precautions are carried out.

3. THE SICK-ROOM.—The room selected for the sick should be large, easily ventilated, and as far from the living- and sleeping-rooms of other members of the family as it is practicable to have it. All ornaments, carpets, drapery, and articles not absolutely needed in the room, should be removed. A free circulation of air from without should be admitted both night and day—there is no better disinfectant than pure air. Place the bed as near as possible in the middle of the room; but care should, of course, be taken to keep the patient out of draughts.

If the room connects with others which must be occupied, lock all but one door for entrance and exit, and fasten to the door-frame—top, bottom and sides—sheets of cheap cotton cloth, kept wet with *Thymol Water* (see page 54) or chloride of zinc solution—two drachms chloride of zinc to a half gallon of water. Over the door to be used, the sheet must not be tacked at the bottom, nor along the full length of the lock-side of the frame, but about five feet may be left free to be pushed aside; this sheet, however, must be long enough to allow ten or twelve inches to lie in folds on the floor, and must, also, be kept wet with the disinfectant.

4. PRECAUTIONS IN THE SICK-ROOM.—All discharges from the nose and mouth of the patient should be received on rags and immediately burned, or should be received in vessels containing a sufficient quantity of the *Zinc Disinfectant* (see page 54). Night-vessels should be kept supplied with a pint or so of the *Copperas Disinfectant* (see page 53), into which all discharges should be received. All spoons, dishes, etc., used or taken from the sick-room should be put in boiling water at once.

A pail or tub of the *Zinc Disinfectant* should be kept in the sick-room, and into this all clothing, blankets, sheets, towels, etc., used

about the patient or in the room, should be dropped immediately after use, and before being removed from the room. They should then be well boiled as soon as practicable.

5. ATTENDANTS.—Not more than two persons—one of them a skillful professional nurse—should be employed in the sick-room, and their intercourse with other members of the family should be as much restricted as possible.

In the event that it becomes necessary for an attendant to go away from the house, a complete change of clothing should be made, using such as has not been exposed to infection; the hands, face and hair should be washed in thymol water or chloride of zinc solution.

6. MISCELLANEOUS.—No inmate of the house, during the continuance of the disease, should venture into any public conveyance, or assemblage, or crowded building, such as a church or school; nor, after its termination, until permission is given by the health authorities.

Letters must not be sent from the patient, and all mail-matter from the house should first be subjected to a dry heat of 250-260 deg. Fahrenheit.

Domestic animals, dogs, cats, etc., should not be allowed to enter the room of the patient, or, better still, should be excluded from the house.

During the entire illness the privy should be thoroughly disinfected with the *Copperas Disinfectant*, three to five gallons of which should be thrown into the vault every three or four days. Water-closets should be disinfected by pouring a quart or so of this disinfectant into the receiver after each use.

7. CARE AFTER RECOVERY.—The patient, after recovery, must be protected against the danger of conveying the contagion of the disease to others, and such precautions must be observed to this end as are necessary to the particular disease, at the discretion of the medical health officer. Nor must the convalescent be allowed to go out into public places, until the health officer certifies that he or she is free from danger of communicating the contagion.

8. DEATH AND FUNERAL.—In the event of death, the clothing in which the body is attired should be sprinkled with thymol water, the body wrapped in a disinfectant cerecloth (a sheet thoroughly soaked in the *Zinc Disinfectant, double strength*.) and placed in an air-tight coffin, *which is to remain in the sick-room until removed for burial*. No public funeral must be allowed either at the house or church, and no more persons should be permitted to go to the cemetery than are necessary to inter the corpse.

9. DISINFECTION AND AFTER TREATMENT OF PREMISES.—After recovery or death all articles worn by, or that have come in contact with the patient, together with the room and all its contents, should be thoroughly disinfected by burning sulphur. To do this, have all windows, fire-places, flues, key-holes, doors and other openings securely closed by strips or sheets of paper pasted over them. Then place on the hearth or stove, or on bricks set in a wash-tub containing an inch or so of water, an iron vessel of live coals, upon

which throw three or four pounds of sulphur. All articles in the room and others of every description that have been exposed to infection, which cannot be washed or subjected to dry heat, and are yet too valuable to be burned, must be spread out on chairs or racks; mattresses or spring-beds set up so as to have both surfaces exposed; window-shades and curtains laid out at full length, and every effort made to secure thorough exposure to the sulphur fumes. The room should then be kept tightly closed for twenty-four hours. After this fumigation—which it will do no harm to repeat—the floor and woodwork should be washed with soap and hot water, the walls and ceiling be whitewashed, or, if papered, the paper should be removed. The articles which have been subjected to fumigation should be exposed for several days to sunshine and fresh air. If the carpet has unavoidably been allowed to remain on the floor during the illness, it should not be removed until after the fumigation; but must then be taken up, beaten and shaken in the open air, and allowed to remain out of doors for a week or more. If not too valuable, it should be destroyed; but, whenever practicable it should be removed from the room at the beginning of the illness. After the above treatment has been thoroughly enforced, the doors and windows of the room should be kept open as much as possible for a week or two. Where houses are isolated articles may be exposed out of doors. The entire contents of the house should be subjected to the greatest care, and when there is any doubt as to the safety of an article *it should be destroyed*.

All this work must be done—both the disinfection and the destruction of property—under the supervision of the medical health officer, sanitary policeman, or attending physician.

10. TREATMENT OF CLOTHING, BEDDING, ETC.—Such articles of clothing, bedding, etc., as can be washed, should first be treated by dipping in the *Zinc Disinfectant*; they should then be immediately and thoroughly boiled. The ticking of beds and pillows used by the patient should be treated in the same manner, and the contents, if hair or feathers, should be thoroughly baked in an oven. If this cannot be done, they should be destroyed by fire, as should, in any event, all straw, husk, moss, or “excelsior” filling. The clothing of nurses should be thoroughly disinfected and cleansed before it is taken from the house, or, better still, should be burned if feasible.

11. PUBLIC ASSEMBLAGES.—If from neglect or delay in enforcing precautionary measures, the disease shows a tendency to become epidemic, the public and private schools must be closed, church services suspended, and public assemblages of people, as at shows, circuses, theatres, fairs, or other gatherings, be prohibited.

12. BEST DISINFECTANTS.—Sunlight, fresh air, soap and water, thorough cleanliness—for general use.

For special purposes the following are the most efficient, the simplest and the cheapest.

I. *Copperas Disinfectant.*

Sulphate of iron (copperas).....	1½ lbs.
Water.....	1 gal.

A convenient way to prepare this is to suspend a basket, containing about sixty pounds of copperas, in a barrel of water. The solution should be frequently and liberally used in cellars, privies, water-closets, gutters, sewers, cesspools, yards, stables, etc.

II. Sulphur Disinfectant.

Roll sulphur (brimstone).....2 lbs.

To a room ten feet square, and in the same proportion for larger rooms. See *Rule 9* for mode of use.

III. Zinc Disinfectant.

Sulphate of zinc (white vitriol).....1 $\frac{1}{2}$ lbs.

Common salt..... $\frac{3}{4}$ lb.

Water.....6 gals.

For application and modes of use see *Rules 4, 8 and 9*.

IV. Thymol Water.

Made by adding one tablespoonful *Spirits of Thymol* to half a gallon of water. *Spirits of Thymol* is composed of—

Thymol.....1 oz.

Alcohol, 85 per cent.....3 ozs.

May be used for all the disinfectant purposes of carbolic acid; it is quite as efficient, and has an agreeable odor. See *Rules 3, 5, and 8*, for application and uses. Where thymol is not available, chloride of zinc solution may be used—half an ounce of chloride of zinc to one gallon of water.

Corrosive Sublimate (bi-chloride of mercury) has recently, after pretty thorough testing, acquired considerable popularity as an antiseptic and disinfectant. A solution made in the proportion of one drachm of the salt to one gallon of water, may be used for all the purposes for which the *Copperas* and the *Zinc Disinfectants* are recommended.

[Special instructions, in English and German, concerning each individual disease above specified, are to be found in the PREVENTABLE-DISEASE CIRCULARS prepared by the STATE BOARD, copies of which may be obtained by addressing the Secretary at Springfield.]

Notification of Contagious Diseases:

UNDER the authority conferred upon the STATE BOARD OF HEALTH by Section 2 of the State Board of Health Act, it is ordered that, on and after January 1, 1882, the first cases of Small-Pox, Typhoid Fever, Asiatic Cholera or Yellow Fever occurring in any county, township, town or city in this State, as also the prevalence and progress of any epidemic disease, shall be promptly reported to the BOARD by the local health authorities; it being borne in mind that in counties where township organization exists, the township board is the Board of Health, and in counties not under township organization, the county commissioners act in like capacity. Reports of first cases must be made immediately upon discovery; and of the progress of the disease from time to time—at least weekly. Forward all reports to the *Secretary, State Board of Health, Springfield, Illinois*.

Reports of small-pox cases by the attending physician are made upon forms furnished by the BOARD, and of which the following is a copy:

Illinois State Board of Health.

Epidemic-Disease Reports.

Small-pox report of....., M. D.

P. O. Address,, County, Ill.

Case No..... Name:..... Color:.....

Residence:

Age:years. Sex: Occupation:

If a scholar, state whether public or private.

Place of birth:

If a foreigner, state how long in this country.

1. Source of contagion: If contracted at place of residence, state how—whether by person, giving the name and relationship or connection with this case; or by infected articles, stating what and how infected, and how brought into contact with this case.

If the contagion was brought from another locality give name of such locality, and state how—whether by person or articles, and furnish the information as above indicated.

2. Date when first seen:

3. Stage of disease when first seen:

Incubative Febrile Exudative Suppurative
[CHECK THE PROPER WORD.]

4. Character of disease:

Discreet Confluent Hemorrhagic
[CHECK THE PROPER WORD.]

5. Date of termination of case:

Convalescent.....188.. Died.....188..

6. If others were infected by this case, give names and residences, and address of attending physician:

7. Measures enforced to prevent spread of disease—including vaccination of others exposed and result:

8. If the patient had previously had small-pox, state when, and give details, briefly:

9. Vaccinal history: If previously vaccinated—1. When, as nearly as could be learned, with what virus, in what country. 2. Number of vaccinal cicatrices visible; character, typical, modified or bad. 3. Probable effect on character and progress of this attack. If re-vaccinated, when, as nearly as could be learned, in what country, with what result.

10. If vaccination was attempted *after exposure*, when, with what virus, with what result.

11. If any other physician was in attendance upon this case, please furnish name and P. O. address.

REMARKS.

[NOTE.—Here, at discretion, make comments, and give further details or elaborate replies. It is not expected that *all* the data indicated can be furnished in every case. This, however, need not deter the physician from reporting any case—no matter how meagre the details. If only the name and residence of a patient be reported it will have some value in perfecting the records. So, also, if the case was only seen and diagnosed—subsequently passing into the hands of another physician, or removed to hospital—the name and residence of patient, together with the name and address of subsequent physician or designation of hospital, will serve as checks to prevent duplication of cases.

S. B. H. No. 241.

ILLINOIS STATE BOARD OF HEALTH.

EPIDEMIC-DISEASE REPORT.

SMALL-POX.

Report of

P. O. Address County, Illinois.

SUGGESTIONS FOR REPORTS OF SMALL-POX.

If you did not attend the FIRST CASE IN THE OUTBREAK you are reporting, please furnish some clue to it, by giving what facts you possess; the name of the patient; date of his illness; and name and address of the attending physician. This information may be given on the back of the report of your first case.

IN NUMBERING CASES it is desired that they follow the order of their occurrence as nearly as possible.

ANSWERS TO 1. SOURCE OF CONTAGION, 9. VACCINAL HISTORY, and 10. VACCINATION AFTER EXPOSURE, should be especially full and explicit.

Date of termination of case—CONVALESCENT, should not include period of quarantine or isolation, but only the actual DURATION OF ILLNESS.

Additional copies of this blank may be obtained by addressing the Secretary of the State Board of Health, Springfield, Ill. In returning the reports to the Secretary, one two-cent stamp will be sufficient for any number; the additional amount will be paid on receipt.

Transportation of Corpses :

RULES FOR THE TRANSPORTATION OF CORPSES BY RAILROADS AND STEAM-BOATS IN THE STATE OF ILLINOIS.—*Rule 1.* The transportation of the bodies of persons who have died of Small-Pox, Asiatic Cholera or Yellow fever, is absolutely forbidden.

Rule 2. The bodies of those who have died of Diphtheria, Scarlet Fever, Typhus or Typhoid Fever, shall be received for transportation only when wrapped in a disinfectant cerecloth, placed in a close metallic or wooden coffin and this enclosed in a tight wooden box. This rule shall be enforced throughout the entire year.

Rule 3. Between March 15th and November 15th no dead body shall be transported unless prepared in the manner set forth in *Rule 2* above. But between November 15th and March 15th all dead bodies may be transported without restriction, excepting the bodies of those who have died of Diphtheria, Scarlet Fever, Typhus or Typhoid Fever, which must be prepared in accordance with *Rule 2* at all seasons; and excepting the bodies of those who have died of Small-Pox, Asiatic Cholera or Yellow Fever, which may not be transported at any season.

Rule 4. Every dead body received for transportation must be accompanied by (1) a Physician's Certificate, showing cause of death, or a Certificate of Inquest from the Coroner, or a Permit for Transportation (stating cause of death,) from the Clerk of the Local Board of Health; and (2) by a written Certificate from the Shipping Undertaker, that the corpse has been prepared for transportation in accordance with the foregoing rules of the ILLINOIS STATE BOARD OF HEALTH.

STATE SANITARY SURVEY.

At the July, 1884, meeting of the STATE BOARD OF HEALTH the initiative was taken in a systematic plan of operations for a general sanitary inspection of the entire State, with the view of securing the best attainable condition of cleanliness in order, primarily, to prevent the spread of Asiatic cholera should that disease—then assuming threatening proportions in Southern Europe—be, unfortunately, introduced into Illinois. The work was begun by a general memorandum, dated July 3, 1884, outlining the more important points requiring prompt attention, and which was sent to the authorities of some 800 cities, towns and villages throughout the State. This was followed by a circular-order, issued through the offices of the county clerks, directing an inspection of all public buildings in charge of county commissioners or boards of supervisors, and requesting especial attention to the condition of almshouses, jails and kindred institutions. At brief intervals similar circulars were addressed to the managers of all railroad companies operating in Illinois, to county superintendents of schools, to health officers, and others.

Without anticipating the results of the work thus begun, and which is still in progress, the text of these preliminary circulars is herewith presented to indicate the general plan and scope of this undertaking.

ILLINOIS STATE BOARD OF HEALTH—STATE SANITARY SURVEY.—I.

OFFICE OF THE SECRETARY, Springfield, July 3, 1884.

DEAR SIR: At the recent meeting of the STATE BOARD OF HEALTH, held in Springfield, July 2d and 3d, 1884, the following resolution was adopted:

Resolved, That while epidemic cholera may be excluded from this country by thoroughly enforced quarantine regulations, yet the best attainable sanitary condition of every locality in the State should be secured, so that in the event of Asiatic cholera effecting an entrance, notwithstanding quarantine, the disease may be met and fought under the most favorable circumstances; and the Secretary is, therefore, hereby authorized to take such action as in his judgment will most promptly obtain a thorough sanitary organization of the State, and the adoption and enforcement of the measures necessary to improve its general sanitary condition.

It is entirely possible that we may escape a visitation of Asiatic cholera this year, although there is yet plenty of time for the disease

to reach our shores before cold weather. But even if there were no danger from this source, it should be remembered that everything which is done in the direction of sanitary improvement benefits the general health, reduces the amount of sickness, and lessens the death rate. An obvious duty, therefore, rests at all times, but more urgently at present, upon those charged with the administration of public health affairs to take such steps as may be necessary to remedy any defects in the existing sanitary status.

To this end a general inspection of the entire territory under your jurisdiction should be made forthwith; and all nuisances, or other conditions injurious to the public health, which may be disclosed by such inspection, should be promptly abated. Especial attention should be paid to—

FIRST:—*The condition of the water-supply.*

SECOND:—*The disposition of night-soil, garbage and sewage.*

THIRD:—*The cleansing of streets, alleys, and other public places.*

FOURTH:—*The supervision of food-supplies, and of market-places, slaughter-houses and similar places.*

FIFTH:—*The general sanitation of every house and its surroundings.*

1. Water is one of the commonest mediums through which cholera spreads; but, aside from this, typhoid and malarial fevers, diarrhea, dysentery and other diseases, are caused by impure and polluted water. Hence the necessity of protecting the supply from contamination by surface washings and drainage of filthy soil or premises or the wastes of manufacturing or other establishments; or by seepage through the ground from privy-vaults, cess-pools, etc.

2. Night-soil, garbage, sewage, and all other forms of decomposing organic matter, are highly prejudicial to health, and their foul odors are indications of danger. The various methods for their proper disposal, so as to render them harmless, are well understood, and should be enforced according to the varying conditions of each locality.

3. Clean streets and alleys, and gutters properly drained and kept free from unsightly and filthy accumulations, are of even greater importance during the heat of summer, than at other times. The healthy condition of the atmosphere of a locality largely depends upon the condition of its thoroughfares.

4. The rapid decomposition of most articles of food during hot weather—the tainting, souring, wilting or rotting processes—and the derangement of the stomach and bowels caused by the use of such food, indicate the necessity for special supervision at this time of all food-supplies, and of the places where they are prepared, disposed of, or stored.

5. The foundation of healthy living is, obviously, the individual home and its surroundings. Houses, cellars, yards and out-buildings should be carefully inspected, and all accumulations of garbage, refuse and filth of every description should be removed, or, where that is not practicable, they should be rendered harmless by appropriate treatment. No house or premises can be healthy without proper drainage. If this is not secured by sewers or underground drains, then recourse should be had to surface drains, so as to pre-

vent the possibility of stagnant water under the dwelling or its vicinity. Cellars should be dry, clean and well-ventilated, so that they may not generate foul air to be drawn up through the house.

It is desired that this work of inspection, and remedying of evils and defects, be begun at the earliest practicable moment; and a preliminary report be made to this office, covering, in a general way, the existing sanitary condition, and the measures adopted and enforced for its improvement.

In connection with this report, information concerning your public-health provisions is also desired. I have, therefore, to request the names and addresses of your health commissioner, health officer, members of the Board of Health, or kindred officials; and copies of your health laws, ordinances, rules and regulations, etc.

With this information from every part of the State, the BOARD will be able to secure concert of action, and to direct, intelligently and efficiently, whatever measures may be found necessary, should, unfortunately, any emergency arise requiring such action.

Forms of health ordinances, adapted to the various organizations of villages, towns and cities in the State, are now being prepared, and copies of the same will be furnished on application.

By order of the BOARD: JOHN H. RAUCH, *Secretary*.

To the Mayor, or President Board of Trustees.

ILLINOIS STATE BOARD OF HEALTH—STATE SANITARY SURVEY.—II.

OFFICE OF THE SECRETARY, SPRINGFIELD, July, 1884.

DEAR SIR: In view of the possibility of Cholera making its appearance in this country, I am instructed by the BOARD to respectfully request that you cause an immediate inspection of all the public buildings in your charge, especially of the Alms Houses and Jails, and that they be placed in the best attainable sanitary condition with as little delay as possible.

It is desired that the condition of these institutions be reported to the BOARD on or before the 10th of August, prox., and that in said report any action you may have taken in this connection be also detailed.

By order of the BOARD:

JOHN H. RAUCH, *Secretary*.

To County Commissioners and Supervisors.

ILLINOIS STATE BOARD OF HEALTH.—STATE SANITARY SURVEY.—III.

OFFICE OF THE SECRETARY, SPRINGFIELD, July 17, 1884.

MY DEAR SIR: As will be seen by a reference to the resolution in the enclosed circular, (No. 1, July 3,) the BOARD deems it important that preparation be made for the possible advent of Asiatic Cholera.

It is desired, as one important step in the general sanitary movement already inaugurated, that all railway stations, depots and the grounds surrounding the same be put in the best attainable

sanitary condition, with especial reference to water-closets and latrines; and to the character of the water-supply for the use of employes and passengers. The same supervision should also be extended to passenger cars in the points specified. Accumulations of stagnant water, or the flow and seepage of foul drainage, in the vicinity of human habitations, are always injurious to health; but during a cholera epidemic, they are especially dangerous. So far as such conditions obtain as the result of embankments or roadbeds, they should be remedied as speedily as possible.

The preservation of the public health—whereby among other things interruption of travel and traffic may be prevented—is a matter in which common carriers and the general public have a community of interests and duties alike; and to which it usually only needs that attention be directed in order to secure ready and efficient co-operation.

By order of the BOARD:

JOHN H. RAUCH, *Secretary.*

To Railroad Managers.

B.—Sanitary Council of the Mississippi Valley.

SIXTH ANNUAL MEETING

OF THE

SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.

FOLLOWING is the report of the proceedings of the Sanitary Council of the Mississippi Valley, referred to by the Secretary in his quarterly report submitted at the April meeting of the ILLINOIS STATE BOARD OF HEALTH.

THE Sixth Annual Meeting of the Sanitary Council of the Mississippi Valley was held in Memphis, Tenn., on Friday, March 21, 1884, the following representatives from State and local health organizations and sanitary interests being present:

- ARKANSAS—J. N. Dibrell, Jr., M. D., Secretary State Board of Health; J. H. Lenow, M. D., Little Rock board of health.
- ILLINOIS—John H. Rauch, M. D., Secretary State Board of Health; E. Garrott, M. D., and J. M. Hall, M. D., Chicago health department; B. M. Griffith, M. D., Springfield board of health; W. E. Cowan, M. D., Galesburg health department; B. T. Buckley, M. D., Freeport health department; E. H. Kimbrough, M. D., Danville; E. A. Million, M. D., Springfield; W. H. Doak, M. D., Martinsville; E. B. Montgomery, M. D., Quincy; W. W. Burns, M. D., Bloomington; C. W. Purdy, M. D., Lister; H. Montgomery, M. D., and R. E. Starkweather, M. D., Chicago.
- LOUISIANA—T. S. Elder, Esq., New Orleans Auxilliary Sanitary Association; L. F. Salomon, M. D., New Orleans Medical and Surgical Association.
- MICHIGAN—Henry B. Baker, M. D., Secretary State Board of Health.
- MINNESOTA—D. W. Hand, M. D., President, and C. N. Hewitt, M. D., Secretary State Board of Health.
- MISSISSIPPI—W. F. Hyer, M. D., State Board of Health; T. G. Birchett, M. D., Vicksburg board of health; C. Y. F. Meriwether, M. D., Oakland; G. W. Trimble, M. D., Grenada.
- MISSOURI—J. C. Hearne, M. D., Secretary State Board of Health.
- TENNESSEE—Hon. David P. Hadden, President Legislative Council, Memphis; G. B. Thornton, M. D., State Board of Health and President Memphis board of health; C. C. Fite, M. D., Secretary State Board of Health; J. Berrien Lindsley, M. D., Nashville; R. W. Mitchell, M. D., G. W. Overall, M. D., and J. P. McGeo, M. D., Memphis.

IN the absence of the President, Dr. Wirt Johnston, of Mississippi, the Hon. David P. Hadden, of Tennessee, Vice-President, called the meeting to order, and addressed them the following welcome to Memphis, as its chief municipal officer:

It affords me great pleasure, gentlemen, to welcome each and every one of you to this city. We know you come in the interest of sanitation generally. This city feels the greatest interest in all

matters of sanitation, and every man, woman and child extends to you a hearty greeting. It is always a pleasure to us to have an organization of this character meet in our city. The Sanitary Council has no money to sustain it, yet its influence has been felt in every city in the valley. I know of no other organization which, without pay, meets together simply for such purposes, or that has the prestige this body has. We can truly say that no city in the Union has derived so much benefit from it as Memphis. I might dilate for hours to show our appreciation, but it would be superfluous, since the newspapers have given you the facts from month to month and year to year. They have informed the public of the manner in which the Council has relieved us from sickness and distress, and from depression of spirits. They have told you of a city redeemed—one from which people no longer fly, but to which thousands have come and are coming. You did me the honor at your last meeting, at Jackson, Miss., to elect me the Vice-President of the Council, and it is in this capacity that I have called you to order, in the absence of President Wirt Johnston, who, I am informed by telegram, cannot attend on account of sickness. But as my time is so much occupied with the affairs of the city, I cannot give that close attention to the meeting that I desire to do, and therefore ask that you appoint some one who can give his time wholly to you, to preside over your deliberations.

In accordance with Mr. Hadden's request, upon motion of Dr. Rauch, Dr. G. B. Thornton, of Tenn., was appointed Chairman *pro tem.*, to preside in Mr. Hadden's absence.

On motion of Dr. Salomon (La.), the reading of the minutes of the last meeting, held at Jackson, Miss., April 3-4, 1883, was dispensed with—the same having already been published in full—and the published copy was accepted and approved.

On motion of Dr. Rauch, all representatives of health organizations and sanitary interests, and of medical associations, present but not members of the Council, were elected to membership.

UNDER the call for reports, the Secretary presented his annual report, as follows:

At the last meeting of the Sanitary Council of the Mississippi Valley, at Jackson, Miss., April 3 and 4, 1883, the following resolutions were adopted:

Resolved, That in case the National Board of Health is deprived of the power of making inspections of persons and freight when demanded by the local boards of health, certificates issued under the supervision of a representative or representatives of the Sanitary Council of the Mississippi Valley shall be accepted as valid by the boards of health of the Mississippi Valley, provided that said inspections be carried on under the rules and regulations heretofore prescribed by the National Board of Health.

Resolved, That the Sanitary Council recommends that the States of the valley make voluntary contributions to be expended under the direction of the Executive Committee of the Council, to continue river and rail inspections, in the event that no funds are placed in the hands of the National Board of Health for that purpose.

Having received notice from the Secretary of the National Board of Health that that body would be unable to continue inspections after June 30, a meeting of the Executive Committee was held at Memphis on the 21st of June, at which the following proceedings were had:

At a meeting of the Executive Committee of the Sanitary Council of the Mississippi Valley, held at Memphis on the 21st day of June, 1883, the following members were in attendance: Dr. Wirt Johnston, of Mississippi, President; David P. Hadden, of Memphis, Vice-President; Dr. John H. Rauch, of Illinois, Secretary. Dr. G. B. Thornton, President of the Memphis Board of Health and member of the Tennessee State Board, was also present by invitation. After thoroughly canvassing the situation, which up to this date was considered altogether encouraging, the following preamble and resolutions were adopted:

WHEREAS, The inspection service now conducted by the National Board of Health in the Mississippi Valley will cease on the 30th day of June, on account of want of funds for its further maintenance; and,

WHEREAS, The commercial welfare no less than the health interests of the valley demands that these precautions be continued during the summer months; therefore, be it

Resolved, That the supervision of this service from and after June 30 be assumed by the Sanitary Council of the Mississippi Valley, in accordance with the action of the Council had at its fifth annual meeting, in the city of Jackson, Miss., April 3 and 4, 1883.

Resolved, That the inspection station now maintained by the National Board of Health below Memphis be continued at the expense of the Taxing-District government of Memphis.

Resolved, That the Mississippi State Board of Health should establish and maintain an inspection station on the Mississippi river at some point between Vicksburg and the Louisiana State line.

Resolved, That the present corps of inspectors of the National Board of Health on duty at the Mississippi river quarantine station below New Orleans, and on the river and railroads at New Orleans, be continued under direction of the Executive Committee from and after June 30.

Resolved, That the rules and regulations of the National Board of Health, for the conduct of this inspection service, be, and the same are hereby, adopted for its further continuance under the direction of the Sanitary Council.

Resolved, That the supervision of this service, on behalf of the Executive Committee, be assigned to the Secretary of the Council, Dr. John H. Rauch, Springfield, Ill., to whom all reports of inspectors and communications pertaining to the service should be addressed.

It was further agreed that on and after July 1 only the certificates given by the inspectors of the Sanitary Council of the Mississippi Valley would be recognized by the inspection stations along

the river, and by the health authorities of the towns and cities in those States which are members of the Council.

The meeting adjourned subject to the call of the Secretary, who at once proceeded to New Orleans for the purpose of personally arranging the details of the service at that important point.

On July 1, 1883, in pursuance of the action above recited, the Sanitary Council of the Mississippi Valley assumed supervision of the river inspection service, which was thenceforth continued uninterruptedly under such supervision up to September 15, when, all danger of yellow fever infection having passed, it was discontinued for the season.

During this period an inspector was maintained at the Mississippi river quarantine station below New Orleans, and two rail and two river inspectors at the port of New Orleans. In addition to these, Mississippi maintained a station at Fort Adams, and Memphis one on President's Island. In the operation of the service the rules and regulations of the National Board of Health were continued, no changes being made either in the *personnel* of the service or in its policy, by the Council, after assuming supervision. The inspector at the quarantine station below New Orleans was relieved from duty on July 31, owing to the action of Gov. McEnery, as hereinafter detailed.

At the request of the Executive Committee, the expenses of the maintenance of the service, under the supervision of the Council, were defrayed directly by those interested, so that the Council was relieved of the responsibility and labor attaching to the disbursement of money. Mississippi, through its State Board of Health, and the Taxing-District of Shelby county, through the Memphis Board of Health, paid the expenses of the stations at Fort Adams and President's Island respectively. The Illinois Central and Louisville and Nashville railroads paid their own inspectors in New Orleans, while the river inspectors in New Orleans were paid by the commercial and steamboat interests through the New Orleans Auxiliary Sanitary Association.

No officer or member of the Sanitary Council received any compensation for his services in connection with this work.

From May 15, the beginning of the quarantine season, up to the close of July, there had arrived at the Mississippi river quarantine station, below New Orleans, seventy-three vessels from foreign ports. Of these, forty-seven were inspected up to June 30, under the supervision of the National Board of Health, and during July the remaining twenty-six were inspected under the supervision of the Sanitary Council.

Of these latter, eleven were from ports infected by yellow fever at the date of departure, and three of them—namely, the *Berna*, July 8; the *Merchant*, July 16, and the *Buteshire*, July 17—arrived with cases of yellow fever on board. Among the remaining vessels one was found to have had yellow fever on board in Havana last season, and in seven other cases it was probable that they had been infected at some previous time.

The sanitary condition of the vessel, cargo, crew and passengers in twelve cases was good, and in the remaining vessels—with the exception of the *Berna*, *Merchant* and *Buteshire*, which were infected—the report of the inspector was qualified. In all cases the vessels were subjected by the quarantine authorities to a thorough general cleansing, purification of bilge, hold, etc., and disinfection with carbolic acid and copperas, and the cargoes were fumigated with sulphurous acid gas. Coffee-ships from Rio de Janeiro were either not allowed to proceed up to New Orleans at all, or only after removal of cargo and thorough fumigation of the same.

The arrival of the *Merchant* July 16, and of the *Buteshire* the following day, both from Vera Cruz with yellow fever cases, led the Governor of Louisiana, July 20, to recommend to the Louisiana State Board of Health that no infected vessel be permitted to enter the Mississippi river, and that all infected vessels then at the quarantine station be removed out of the river at once, assigning the reason that their presence at that point had practically rendered the station an infected port in dangerous proximity to New Orleans, and threatened a stupendous calamity to the Mississippi Valley. At its meeting, July 23, the Board discussed this communication, and finally adopted a resolution requesting the Governor to issue a proclamation enforcing his recommendations and declaring non-intercourse between Louisiana and Vera Cruz, Rio de Janeiro, Havana and other infected ports, which proclamation was made the following day, July 24. The infected vessels were ordered to be removed from the river, and for the first time in a number of years the lower Mississippi was freed from the menace arising from the admission of yellow fever ships to the river.

Immediately upon receipt of information of this action, the request, previously preferred to Gov. McEnery, to permit the Sanitary Council inspector to remain at the quarantine station was withdrawn by telegram, and the inspector was relieved from duty July 31st.

In this connection it is proper to remark, that while both the National Board of Health and the Sanitary Council have been advocating for the last four years the exclusion of infected vessels from the Mississippi during the dangerous season, and the use of Ship Island as a refuge station for such vessels, the necessity for absolute non-intercourse has not been recognized. The plan proposed by these two bodies contemplated the maintenance of an inspection station at or near Port Eads. All vessels entering the river would here be subjected to a rigid examination. Those found to be infected would be compelled to go to the Ship Island refuge station; healthy vessels from infected ports would be subjected to such treatment as would render it safe to allow them access to New Orleans; while all others, if found in a good sanitary condition, would be passed without detention. In this way it was believed the public health could be properly protected without inflicting any serious injury to the commercial interests of New Orleans.

On August 13th, immediately after my return to Springfield from New Orleans, I recommended that "unless yellow-fever should appear in that city by the 20th instant, inspections should cease on the 31st." Doubts as to the character of the Jackson, Miss., sickness,

and the conditions at Pensacola and vicinity, prevented the adoption of this suggestion; but on the 15th of September, New Orleans and the valley remaining free from any suspicious illness, the service was definitely suspended for the season.

From May 15th to September 15th, during which period the service was maintained, there were inspected seventy-three ocean vessels at the Mississippi river quarantine station; 277 steamboats and other craft at the port of New Orleans; 439 steamboats and other craft at the stations of Fort Adams, Miss., and Presidents Island, Tenn., and 1421 freight trains on the Illinois Central and Louisville and Nashville railroads at New Orleans. The aggregate inspections comprise 2210 ocean vessels, river craft and freight trains, with a capacity of 2,534,870 tons, and carrying 39,947 officers, crew and passengers.

Not for many years has New Orleans been so free from alarm or cause of alarm, during the corresponding months, as during the sixty days ending August 31st, last, and there was practically no trouble with regard to the yellow-fever during the summer in any portion of the region in which the Sanitary Council is directly interested.

In conclusion, it seems proper to add that the utility of the Council has been again demonstrated—this time in the direction of practical administration over a large area, embracing many and diverse interests, and co-ordinating and utilizing agencies and authorities which, otherwise, would have been limited in their usefulness to their own individual fields. The methods of inspection and sanitary supervision were uniform along thousands of miles of rail and river; and all conflict of authority, all clashing of boards, and all expense and irritation of ill-advised and unnecessary quarantine, and hence all embarrassment and interruption of travel and traffic, were successfully and happily avoided.

There is no question in my mind but that the form of the organization should be maintained in readiness for instant action whenever an emergency arises similar to that with which we were confronted during the summer of 1883.

Respectfully submitted,

JOHN H. RAUCH, *Secretary*.

At the conclusion of the reading of the report Dr. Lindsley moved its acceptance and approval, and, upon Dr. Thornton's motion, it was ordered that the report be included in the printed proceedings.

The Treasurer's report was submitted and referred to a committee of audit, consisting of Drs. Dibrell and Lindsley.

There being no other reports the chair announced that new business was in order, whereupon Dr. Fite moved that a committee of five be appointed to whom should be referred all resolutions without debate. The Chair appointed Drs. Fite, Griffith, Salomon, Baker and Birchett.

Dr. Rauch moved that one member from each of the States be placed upon the Committee on Resolutions, as an amendment to Dr. Fite's motion for a committee of five. Carried.

The committee, as enlarged, was constituted as follows: Dr. Fite, of Tennessee; Dr. Salomon, of Louisiana; Dr. Griffith, of Illinois; Dr. Baker, of Michigan; Dr. Lenow, of Arkansas; Dr. Birchett, of Mississippi; Dr. Dr. Hewitt, of Minnesota, and Dr. Hearne, of Missouri.

Dr. Baker offered a preamble and resolutions concerning the marine hospital service, which were referred to the Committee on Resolutions, to report after dinner.

Adjourned until 2:30 p. m.

AFTERNOON SESSION.—At 2:30 p. m. the Council again assembled, with Vice-President Hadden in the chair.

The Committee on Resolutions, through its chairman, submitted the following report:

MR. PRESIDENT: Your Committee on Resolutions begs leave to report that the preamble and resolutions offered at the morning session have been considered by the committee, and, after some changes, were adopted section by section and then as a whole, and they are herewith returned to the Council and their adoption recommended, as follows:

WHEREAS, The supervising Surgeon-General of the United States marine hospital service has opposed and in a manner defeated important measures for the promotion of public-health interests in the United States, which have been advocated by our leading sanitarians and by this and other sanitary organizations in this country; and,

WHEREAS, The representative of the marine hospital service in the National Board of Health has not contributed to the success of the important work of that board; therefore,

Resolved, That in any associated action which we may contemplate, either as executive sanitary officers or as voluntary associations, it behooves us to consider the marine-hospital bureau as inimical to the public-health interests which it is our duty to protect, and as a danger which we should not disregard. For although neither the chief of the service nor his subordinate officers are known in sanitary organizations like this, they are able to so place themselves before Congress as to secure the ends they have in view.

Resolved, That as delegates representing the health organizations in the several States and municipalities hereinafter mentioned, and collectively as the Sanitary Council of the Mississippi Valley, we earnestly memorialize Congress to so amend the act establishing the National Board of Health as to dispense with the representative in that board from the marine hospital service. Be it further

Resolved, That the Sanitary Council of the Mississippi Valley recommends to Congress the adoption of the bill introduced into the House of Representatives, January 8, 1884, by Hon. Mr. Young, providing for the prevention of the introduction of infectious diseases into the United States; for obtaining information of the sanitary condition of foreign ports and places in the United States, and for procuring information relating to climatic and other conditions affecting public health.

Dr. L. H. Montgomery moved the adoption of the preamble and resolutions as a whole.

Dr. Hewitt, from the committee, said that a minority of three members out of seven opposed the resolutions as impolitic and unwise, and as introducing a discussion not desirable to be raised at this time.

Dr. Thornton said there was one feature that he was opposed to in the resolutions, namely, the recommendation that the representation of the marine-hospital service be stricken from the National Board of Health. He admitted that the course of the service toward the Board had been aggressive, but thought that time would smooth away all difference of opinion and bring about a reconciliation.

Drs. Baker, Fite, Hyer, Salomon, Rauch and Messrs. Hadden and Elder participated in the discussion, which was terminated for the time being by the adoption of Dr. Salomon's motion to lay the subject on the table. A motion, by Dr. Hyer, to reconsider this action, was lost, and the matter was recommitted to the Committee on Resolutions, which subsequently submitted the following as a substitute for the original preamble and resolutions, and the same was unanimously adopted:

Resolved, That the Sanitary Council of the Mississippi Valley, in annual session assembled, memorialize Congress to adopt the bill introduced into the House of Representatives, January 8, 1884, by the Hon. Casey Young, providing for the prevention and introduction of infectious diseases into the United States, and for obtaining information of the sanitary condition of foreign ports and places in the United States, and for procuring information relating to climatic and other conditions affecting the public health.

Dr. W. F. Hyer offered the following resolution, which was adopted:

Resolved, That the thanks of this Council be, and the same are, hereby tendered to Dr. Rauch, the Secretary of the Council, for his arduous and faithful labors, under the instructions of this Council, in 1883; and the Executive Committee are hereby instructed, if necessary, to adopt the same line of action in regard to the prevention of the introduction of yellow-fever or other infectious diseases into the Mississippi Valley during the year 1884.

Dr. L. H. Montgomery, of Chicago, moved that the hearty thanks of this Council be hereby voted to the Illinois Central, Louisville and Nashville, and the other railroads for courtesies extended to the delegates in attendance at this meeting, in the granting of free transportation or at greatly reduced rates; also, that the same vote be included to extend to the proprietors of the Peabody Hotel for accommodating the delegates below their regular rate of charge, the Mississippi and Tennessee railroad, the Nashville, Chattanooga and St. Louis railroad, the authorities of the city, and the press. Adopted.

The Auditing Committee reported that the report of the Treasurer was correct.

Dr. Rauch said that he desired to say to the Council that in view of his official duties, he did not think he could continue any longer to act as Secretary of the Council, and therefore respectfully tendered his resignation.

After some remarks by Dr. Hyer and others, it was moved that the resignation be not accepted, and the Secretary was requested to continue until the expiration of his term.

The election of officers resulted in the following choice:

Hon. David P. Hadden, Memphis, President; J. A. Dibrell, Jr., M. D., Little Rock, Vice-President.

There being no further business before the meeting, the Council adjourned.

C.—National Conference
OF
STATE BOARDS OF HEALTH.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

DURING the meeting of the *Sanitary Council of the Mississippi Valley* at Nashville, Tenn., in 1879, steps were first taken looking to the formation of a National organization, to be composed of those engaged in the administration of the health laws in the several States, in order to secure conference and coöperation between the health organizations in all the States in regard to their methods of work, and in the investigation of the causes and the enforcement of measures of prevention of disease.

While, however, there remained the conviction with many of the leading practical sanitarians of the country that such an organization might be made highly useful in promoting the interests of the public health, it was hoped that the newly-created National Board of Health might obviate the necessity for their additional agency. Few, if any, State or municipal health authorities were in a position, financially, to meet the expense which would be necessarily entailed in the maintenance of such an organization, and there was in many cases a want of legal authority to take any positive action.

The work done by the National Board during its period of active existence demonstrated the soundness of this view; and, until the failure of Congress to continue the authority of the Board and to make appropriations for its varied duties, there was no special occasion for this volunteer organization. With the practical abolition of the National Board, however, the necessity for co-ordinating the separate organizations for the general protection of the public health again assumed pressing importance.

At the meeting of the American Public Health Association in Detroit, Mich., in November, 1883, an informal conference was had on this subject, between the representatives of various State boards of health, and, without determining whether it was best to create a section in the Association or to form a separate organization, it was decided to invite each State board of health in the Union to send representatives to a meeting to be held at Washington, D. C., May 7, 1884, to consider the expediency and methods of forming the desired organization.

Dr. J. E. Reeves, of West Virginia, C. W. Chamberlain, of Connecticut, and Stephen Smith, of New York, were appointed a committee to report a plan of organization to that meeting; and Drs. H. B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were made a committee to invite the attendance and coöperation of representatives from each State board of health.

ORGANIZATION OF THE NATIONAL CONFERENCE.

In accordance with the arrangements made at Detroit, and on the call of the Committee of Invitation appointed at that meeting, representatives from nineteen States met in the hall of the Section on State Medicine of the American Medical Association, Washington, D. C., at 2 p. m., May 7, 1884.

The following were the representatives in attendance:

JEROME COCHRAN, Alabama State Board of Health.
 C. W. CHAMBERLAIN, Connecticut State Board of Health.
 F. W. HATCH, California State Board of Health.
 J. H. RAUCH, Illinois State Board of Health.
 E. S. ELDER, Indiana State Board of Health.
 R. J. FARQUHARSEN, Iowa State Board of Health.
 J. N. MCCORMACK, Kentucky State Board of Health.
 H. P. WALCOTT, Massachusetts State Board of Health.
 H. B. BAKER, Michigan State Board of Health.
 C. B. TYLER, Michigan State Board of Health.
 C. N. HEWITT, Minnesota State Board of Health.
 J. A. STUART, Baltimore Board of Health.
 J. C. HEARNE, Missouri State Board of Health.
 I. A. WATSON, New Hampshire State Board of Health.
 J. P. CONN, New Hampshire State Board of Health.
 E. M. HUNT, New Jersey State Board of Health.
 ERASTUS BROOKS, New York State Board of Health.
 STEPHEN SMITH, New York State Board of Health.
 T. F. WOOD, North Carolina State Board of Health.
 C. H. FISHER, Rhode Island State Board of Health.
 C. C. FITE, Tennessee State Board of Health.
 J. B. LINDSLEY, Tennessee State Board of Health.
 J. E. REEVES, West Virginia State Board of Health.

Drs. C. W. Chamberlain, of Connecticut, and J. N. McCormack, of Kentucky, were respectively elected Chairman and Secretary.

In opening the meeting, Dr. Chamberlain stated that its object was to consider the expediency, and if it was thought best, to form a National organization based on State representation and composed of the practical sanitary workers in the different States, for mutual aid and advice in regard to their work, for conference and coöperation in inter-state sanitary work, and in order, when necessary, to bring the combined influence of the health organizations in the various States to bear in securing such concert of action and such National legislation as may be demanded from time to time for the protection of the health interests of the whole country which cannot be secured by the individual States. The American Public Health Association has done a great work and still has a great future before it in its own line. Our work is to make practical use of the knowledge gathered by the present body. There would be no conflict between the two organizations—in fact they should be mutually helpful.

The Committee on Invitation, through its chairman, Dr. Baker, of Michigan, reported that a communication setting forth the object of the meeting had been sent to each State Board of Health in the Union, with an invitation to such boards to send properly accredited representatives. The result was shown in the representation present—nineteen of the twenty-seven States in which State boards exist having delegates in attendance.

The Committee on Permanent Organization, through its chairman, Dr. Chamberlain, reported several suggestive plans for that purpose, after which the Secretary read a letter from Dr. A. L. Gihon, President of the American Public Health Association, proposing that the organization be formed as a section of that body.

The various plans were discussed at length and, none of them seeming entirely satisfactory to a majority of those present, the same committee, composed of Drs. Reeves of West Virginia, Chamberlain of Connecticut, and Stephen Smith, of New York, to which was added Drs. Baker of Michigan, and Fite of Tennessee, were directed to consider the matter further, and report to an adjourned meeting to be held on the following day at 3 o'clock p. m.

At the adjourned meeting, May 8th, the committee on organization submitted the following report, which was adopted:

Resolved, That there shall be a National Conference of executive officers and other representatives of State boards of health, during the meetings of the American Public Health Association, and at other times and places if so desired. All questions shall be determined by votes by States, each State being entitled to one vote. The officers shall be a chairman and secretary.

After a general and rather informal discussion of some of the important questions connected with the work of State boards of health, the Hon. Erastus Brooks of New York, was elected Chairman, and Dr. J. N. McCormack, of Kentucky, Secretary, for the ensuing year.

The Conference then adjourned to meet in St. Louis, October 13, 1884.

FIRST ANNUAL MEETING NATIONAL CONFERENCE STATE BOARDS OF HEALTH.

In response to the notification of the Secretary, made in accordance with the action at the Washington meeting of organization, the first annual meeting of the National Conference of State Boards of Health was held in the city of St. Louis, beginning on Monday, October 13th, 1884, the Hon. Erastus Brooks, of New York, in the chair, and the following representatives being present:

J. A. DIBRELL, Jr., Arkansas State Board of Health.
C. A. LINDSLEY, Connecticut State Board of Health.
JOHN H. RAUCH, Illinois State Board of Health.
W. S. ROBERTSON, Iowa State Board of Health.
PINCKNEY T. COMPTON, R. W. DUNLAP, J. McREYNOLDS and J. N. McCORMACK, (Secretary of the Conference), Kentucky State Board of Health.
JOSEPH HOLT, S. S. HERICK, and L. F. SALOMON, Louisiana State Board of Health.
C. A. CHANCELLOR, Maryland State Board of Health.
J. A. STEUART, Health Officer, Baltimore, Md.
H. P. WALCOTT, and S. W. ABBOTT, Massachusetts State Board of Health.
S. H. DUGIN, Boston, Mass., Board of Health.
HENRY B. BAKER, Michigan State Board of Health.
D. W. HAND, W. H. LEONARD and C. N. HEWITT, Minnesota State Board of Health.
E. H. GREGORY, J. C. HEARNE, H. F. HERFORD, ALBERT MERRILL, G. F. BARTLETT, G. M. COX and W. B. COVERY, Missouri State Board of Health.
IRVING A. WATSON and J. C. COX, New Hampshire State Board of Health.
EZRA A. HUNT, New Jersey State Board of Health.
ERASTUS BROOKS, New York State Board of Health. (Chairman of the Conference.)
CHARLES H. FISHER, Rhode Island State Board of Health.
T. GRANGE SIMONS, South Carolina State Board of Health.
H. B. HORLBECK, Health Officer, Charleston, S. C.
G. B. THORNTON and J. BERRIEN LINDSLEY, Tennessee State Board of Health.
DAVID P. HADDEN, Memphis, Tenn., Board of Health.
R. M. SWEARINGEN, Health Officer Texas.
JAMES E. KEEVES, West Virginia State Board of Health.
S. C. JOHNSON, J. T. REEVE and B. O. REYNOLDS, Wisconsin State Board of Health.

On motion of Dr. Rauch, (Ill.) the representative accredited to the Conference by the Dominion of Canada, and the representative of the Provincial Board of Health of Ontario, were elected members of the Conference, and the roll of those in attendance was then completed by adding the names of

CHARLES W. COVERTON, Dominion of Canada.
P. H. BRYCE, Provincial Board of Health, Ontario.

The Chairman, in opening the meeting, congratulated the members on the large attendance, which he thought indicated the public interest in the health question. It would be idle for him to repeat anything which had been said in the past in regard to the importance of the work of State Boards of Health. He was glad to know that nearly every State in the Union had established its Board, and the few States and Territories which were at present without Boards, are considering the advisability of establishing them. In the State of New York there are now local health organ-

izations in some 900 of the 1,000 towns in the State. There are also similar organizations in nearly all the 240 villages in the State and in each of the 24 large cities.

And this has been accomplished by persuasion rather than by force, although the State gave them unlimited power to establish organizations in every town and village. He foresaw a wide and various field of usefulness for such an association as the NATIONAL CONFERENCE, and expressed an abiding confidence that its deliberations and action would result in increased efficiency, coöperation of effort, and uniformity in the best methods of practical work among its individual members, each in his own sphere and territory, but all laboring to one common end.

After the reading and approval of the minutes of the Washington meeting, Dr. Hewitt (Minn.) presented a plan proposed by the Minnesota Board for completing the organization of the Conference, and the main points of which are as follows: The establishment of a body to be known as the *Council of the State Boards of Health of the United States*; the officers to consist of a chairman, corresponding secretary, recording secretary, a treasurer, and an executive committee, the latter to consist of one member from each State Board. The objects of the organization to be the cultivation of a closer acquaintance between officers and members, to facilitate discussion of sanitary work, and to give better opportunities for comparing and discussing methods.

Dr. Rauch (Ill.) moved that the plan be referred to a committee of five, of which the Chair and Secretary be ex-officio members.

Dr. Baker (Mich.) offered an amendment, that the report of the committee be received at the next annual meeting. The motion as amended was then carried, and the chairman announced the committee, as follows: Rauch, of Illinois; Hunt, of New Jersey; Baker, of Michigan; Brooks, of New York, and McCormack, of Kentucky.

A communication from the Executive Committee of the American Public Health Association, inviting the Conference to use the Wednesday afternoon session of that body for the presentation and discussion of papers and reports from the State Boards, was read by the Chairman, and on motion the invitation was accepted.

In this connection the question arose, and was discussed at some length, as to whether papers prepared for the Conference should be reserved for the American Public Health Association.

Dr. Simons (S. C.) said the subject for which the Conference had been called together was to discuss the practical work to be done to prepare against the advent of cholera, or to restrict its progress if it does invade our shores. The Conference must decide what is best to do, and he was sent to the meeting to take part in this work and to report, on his return, as to the measures proposed or adopted. The American Public Health Association cannot deal with this practical work; it is an educational body, and has accomplished much good. But it has no authority and cannot act nor enforce action. This can be done by executive State Boards, who are on the spot and are acquainted with the local conditions and the necessities that require sanitary work and legislation.

During the discussion, which was participated in by Drs. Rauch, (Ill.), Salomon (La.), Dibrell (Ark.), and Mr. Brooks, (N. Y.), it was

made clear that the scope and province of the Conference differed widely from those of the Association; the function of the Conference being to bring together men from all parts of the Union who were actively engaged in the practical work of protecting health and fighting disease through certain well-defined agencies—namely, the enforcement of sanitary laws and ordinances, State and municipal; men who were vested with authority and charged with responsibility by law. How can this responsibility be best discharged, and this authority be most efficiently and beneficently exercised; how can remedy for defects in existing laws be secured, and provision made for coöperation with each other and for concert of action in efforts to promote health, and so to make labor and industry and commerce and all other material interests more secure and prosperous;—these are the questions which should occupy the time and attention of this Conference. At the present time the work demanding earnest consideration from every sanitary official is the prevention of Asiatic cholera in this country; and it was to this work that the members should now devote themselves.

At the close of the discussion, by general request of the Conference, the following address, prepared for special consideration at this meeting, was delivered by its author:

PRACTICAL RECOMMENDATIONS FOR THE EXCLUSION AND PREVENTION OF ASIATIC CHOLERA IN NORTH AMERICA.

By JOHN H. RAUCH, M. D., Secretary Illinois State Board of Health.

MR. CHAIRMAN: A grave responsibility rests upon those charged with the protection of the public health at the present time. For the past six years—ever since the memorable Fever-Summer of 1878—the country has been free from any serious and widespread epidemic disease. Small-pox, which prevailed from 1830 to 1883, has been successfully combatted, and its ravages confined to proportions which are insignificant when compared with many other epidemics. Hundreds of thousands of unprotected immigrants were landed on our shores during those years; but the Immigrant-Inspection Service, inaugurated in the spring of '82, thenceforth rendered them comparatively harmless, by securing an improvement in their sanitary status through the effect of the Service upon the work of steamship surgeons during the voyage, and upon the methods at quarantine on arrival; as well as by its own sanitary surveillance of the immigrants from the port of arrival to the point of ultimate destination or distribution in the great interior—such surveillance consisting of repeated inspections, vaccination of the unprotected, systematic observation of suspicious sickness, prompt isolation of discovered small-pox or other contagious disease, and the enforcement of measures necessary to prevent its further spread. Among our own people outbreaks of the disease were promptly suppressed wherever sanitary authority had control, and well-defined methods of dealing with the contagion were enforced. On the other hand, while we have fought small-pox and conquered it, we have been spared from any serious conflict with yellow fever. Nor have other diseases prevailed to an unusual extent, as they so often do in the absence of an epidemic. On the contrary, the average annual death-rate has been low, and during the past year remarkably so.

This very fact should be, in itself, a warning to the sanitarian. It means a survival of a large number of persons who would have been carried off had the non-epidemic diseases maintained their usual severity. It means the accumulation of susceptible material ready for the prey of epidemic contagion, whenever such contagion shall be introduced under conditions favoring its propagation and spread. It is one of the most important factors in determining the extent and severity of the next epidemic, whatever that may be and whenever it may visit us.

But, for a period of six years sanitary effort and sanitary authority have had no unusual demand made upon them, or at least no demand which the public recognizes as unusual. And during these six years the interest in sanitary matters, which was aroused by the epidemic of 1878, and which, among other causes, led to the formation of many of the present State Boards of Health, and to the creation of the National Board, has gradually diminished as the memory of the epidemic faded away, or was displaced by other and newer topics and occurrences.

One of the chief reasons why sanitary work fails to receive continuous and adequate consideration and support from the public and from the legislator, is that, in its very essence, it is a work of prevention; and just in proportion to its own success and thoroughness does it destroy the obvious and palpable reasons for its continuance. When an epidemic actually exists, and industry and commerce are paralyzed in its presence, and the death-roll swells from day to day, there is then no question in the public mind about the desirability of sanitation, no hesitation as to making appropriations for its support, or enacting legislation to increase its efficiency.

But Rabelais told us, nearly four hundred years ago, what always happens whenever the devil gets well. And Congress adjourned its last session, not only without doing anything additional for the protection of the public health, but after substantially annulling and rendering inoperative the only National legislation of any real value which we possessed.

However, there is a revival of public interest in these matters within the past few months, due to the spread of Asiatic cholera in Southern Europe; and it is our present duty, as sanitary officials, to utilize and direct that interest to the securing of adequate legislation and intelligent action for the prevention of the introduction of the pestilence to our shores, and its limitation, should it unfortunately effect an entrance. Much has already been done in the latter direction, by the action of State and local health authorities in pushing the sanitary education of the people through circulars, memoranda and other modes of appeal. Since the second of July last, such circulars from sixteen States and from the Dominion of Canada have already come under my notice. In many instances, sanitary inspections of municipalities, public institutions, jails, almshouses and kindred establishments have been ordered and carried out, with the view of securing the abatement of nuisances and remedying defects in the sanitary conditions thence disclosed. An amount of sanitary work has been thus already accomplished, which, aside from any consideration of cholera, will be of great value in reducing sickness and mortality from the entire list of diseases

which are caused or favored by filth and other insanitary conditions. As a recent number of the N. Y. Medical Record says: "There is no doubt that the extra cleanliness produced by the cholera scare will effect a saving of life from other filth diseases far in excess of the mortality from the cholera itself, unless, indeed, it should spread beyond all expectation."

This work should be continued, and the measures which have already been inaugurated, looking to improvement in general and local sanitation, should be pushed with unabated vigor during the favorable weather we may yet have; and they should be resumed with redoubled energy whenever climatic conditions permit. It is not necessary to go into details as to this work: we are familiar with its requirements and its necessity. It is a work of continuous interest and importance, whether cholera should come or not.

With theories and speculation as to the causation of cholera, or as to its mode of diffusion and epidemic spread in the countries of the Old World, this Conference is not specially concerned. It is enough for us to know, as the basis of our action, and the foundation for practical recommendations and advice, that the disease is not indigenous to this continent; that it is an exotic, and has never yet visited us except by importation, and that only after ample warning.

It may be entirely true that, if all our food-supplies were wholesome, and our water-supplies not only unpolluted but unpollutable; if sewage and refuse disposal were prompt and complete; if our cities, towns and villages were all models of sanitary perfection, and their inhabitants free from predisposition or susceptibility, acquired or inherited—in short, that if there were no ignorance, nor poverty, nor filth, nor infirmity in the land, we might dispense with precautions against the introduction of disease.

But the sanitary millennium is not yet, and we are hardly likely to witness its advent before next spring or summer, no matter how earnestly we may labor for it. So, for the present, at least, as a practical sanitarian accustomed to deal with conditions as they actually exist, I think the wise thing to do in respect of cholera is to resist the first beginnings—*obsta principiis*.

It is no doubt well to be prepared to expel the midnight burglar from one's dwelling; it is better to keep him out by locks and bolts and watchful patrols. If people must live among combustible material, it is a prudent thing to forbid smoking on the premises, and to be careful about matches and other incendiary agencies, the contagion or contact of which may kindle a conflagration.

Until we can very materially change the conditions which cause considerably over one-half the annual mortality, it is our simple duty to adopt whatever measures promise a fair degree of success in excluding the foreign epidemics. Such typical filth diseases as typhoid fever and diphtheria carry off sixty-odd thousand people every year; and during the census year the ten principal groups of more or less preventable diseases caused over 470,000 out of the total 756,000 deaths in the United States.

With such a showing it is simply nonsense to talk about relying upon sanitary measures alone to combat a disease like cholera. Let us push sanitation by every means in our power, and to the fullest

extent. Not, however, with any hope that we can effect such a sanitary revolution in a few months as would prevent cholera, if introduced, from spreading as an epidemic in many localities, which, in the nature of things, cannot be reformed in many months. But rather in the knowledge that every sanitary reform tells permanently and continuously on the whole body of preventable diseases; and that to the extent and measure of such reforms are the conditions made more favorable for the exclusion and prevention of all epidemics.

That cholera *will* come, it is our duty to assume. Mindful of the history of every previous cholera epidemic, we must accept as beyond a doubt—if experience is worth anything—the certainty that the disease will be brought to our shores. It always has come, sooner or later, whenever, since 1832, the contagion has obtained such a foothold in Europe as it now has.

Sooner or later, and we cannot tell how soon. Cholera was brought to Marseilles in the early part of June, 1865, from Bombay via Mecca, by pilgrim-steamers conveying Algerine pilgrims returning home from the feast of sacrifices at the "holy city," and spread so rapidly that, during the month of October, it caused between four and five thousand deaths in Paris. On the 12th of that month the steamer *Atalanta* left Havre with over 600 cabin and steerage passengers all of whom had been in Paris, and on her arrival in New York bay she had had 102 cases of cholera and 23 deaths. So that the disease was brought from its endemic home in India, by way of Mecca, Marseilles, Paris and Havre, to New York in less than nine months.

It is probable that we do not know how widely spread the disease is upon the continent, nor what places and ports are infected. The London *Lancet* recently stated that it has transpired that there were deaths from Asiatic cholera in Marseilles during 1883, and Dr. Albert Drysdale, health officer at Mentone, writes to that journal corroborating the statement from his own personal observation, having been taken to see a case in October, 1883, by a medical friend. Attendants, nurses and all others cognizant of the facts were sworn to secrecy. Still more recently, French naval officers have frankly stated that cholera existed on their vessels at Toulon long before the fact was made known last spring. In 1873 the existence of cholera was concealed in Austria on account of the great Vienna exposition, and although the disease is now known to have been spreading from place to place from early in the spring, it was not until midsummer that any warning was sounded of an epidemic which caused 240,000 deaths in the Austrian dominions alone.

I repeat that we may not know how widely spread the disease now is on the European continent, and that we do not know how soon its arrival on our own shores may be announced. It is not probable, however, that it will reach us before next spring, and we may pretty safely count on some months yet in which to push our preparations to meet it and to resist its advance. Even though a few cases should now be received, the season is so far advanced that they probably would cause no epidemic spread.

I began my remarks with the statement that a grave responsibility rests upon the sanitarian at the present juncture; but there

is an equally weighty obligation resting upon the public and upon our legislators. I undertake to say, as a sanitary official of nearly twenty-five years' experience in the practical administration of sanitary matters in city, State and Nation, and after more than a third of a century of study and observation of the disease, beginning in 1850—that Asiatic cholera may be practically excluded from the United States: That it is pre-eminently a quarantinable disease: That, with a judicious employment of agencies which have already been tested, Asiatic cholera may be quite as successfully dealt with in this country as small-pox, and probably more so than yellow fever.

Whether cholera shall be excluded—whether the means and agencies necessary to deal with it shall be supplied—are questions which the public must answer through their representatives in Congress, in State legislatures, and in their municipal councils; and I propose in the remaining portion of these remarks to endeavor to point out what means and agencies are necessary to the end in view; premising that, in their consideration, it should be remembered that sanitary science is comparatively modern; that the sanitary organizations of the present day had no existence in the days of the great epidemic visitations of cholera in this country; that within the past few years there has been a rapid and wide-spread diffusion of sanitary knowledge among the people; and that, even as late as the last cholera epidemic in the United States, that of 1873, no organized effort was made to prevent the importation of the disease, and practically little or nothing done to prevent its extension; certainly, no such measures have ever been employed, either to prevent its introduction or to limit its spread, as we have recently successfully employed against small pox and yellow fever.

Asiatic cholera—so far as this country is concerned—is pre-eminently a quarantinable disease. Unlike the virus of small-pox, unlike the poison of yellow fever, the morbid potency of the cause of Asiatic cholera—whatever that cause may be—is sharply limited as to duration. Failing to find suitable conditions for its growth and reproduction, it *dies out*. No single case, no single shipload of cases ever succeeded in establishing an epidemic in this country. I know this is contrary to the received opinion and popular belief; but I ask you to follow me in a brief resumé of the facts concerning each epidemic, beginning with 1832. That epidemic is attributed to the ship *Carriek*, which arrived at the Grosse Isle quarantine station in the St. Lawrence river on the 3d day of June, 1832. But six days before that, the ship *Elizabeth* had arrived with 200 immigrants on board, and having had 20 cholera deaths during the voyage. Fourteen days before the *Elizabeth* the *Robert* had arrived with 10 cholera deaths; and sixteen days before the *Robert*—that is on the 28th of April, thirty-six days before the arrival of the *Carriek*—the ship *Constantia* arrived, having had 29 cholera deaths during the voyage. These are all known to have been cholera-infected vessels, and their hundreds of passengers were known to be cholera-carriers; but these passengers are only a small fraction of the 30,000 immigrants who arrived in the St. Lawrence during the spring and early summer of 1832, from the same infected localities and sailing from the same infected ports as the passengers

of the Constantia, the Robert, the Elizabeth, and the Carrick. And yet they failed to develop a single case in Canada or elsewhere until the 8th day of June. The introduction of the disease into New York is attributed to Canada; but the same class of immigrants from the same localities in Europe, were arriving in New York during the spring of '32, as those in the St. Lawrence. And yet no case of the disease occurred in the city or vicinity until June 13th.

In 1848, the noted cases of the New York and the Swanton occurred—the former carrying cholera into New York, the latter into New Orleans; and to them is attributed the epidemic which, in the two succeeding years, spread from the Atlantic to the Pacific and from Canada to the Gulf. But the importation by the New York, though causing fifty deaths at quarantine, resulted in only two cases in New York city, and it was not for months afterward—not until the 11th day of May, 1849, and after the arrival of several other ships with cholera on board, that the first case appeared in the city, and the disease began to spread from that point. On the other hand, immigration from cholera-infected districts of Europe into New Orleans had been continuous for months before the arrival of the Swanton—the two vessels immediately preceding her, viz: the Gutenberg and the Callao, having lost 25 passengers from cholera.

From this time until the close of what is generally known as the epidemic of 1854, but which was really only a continuation of the epidemic of 1848-49, there were continual importations of cholera-carriers, either in the persons of those who had been exposed, or in cholera-infected articles; in November, 1853, for example, no less than 28 vessels, on which 1,141 persons had died of cholera, arrived at the port of New York alone.

The case of the Atalanta, in 1865, has already been noted; but it should be further observed that there were three other arrivals at New York from Havre soon after, and on the last two of these there were deaths from cholera during the voyage; but the disease got no nearer the city than Ward's Island, and by the 20th of December had entirely ceased. In 1866, cholera was carried into Halifax by the steamer England, which vessel afterward proceeded to New York, where, on the 20th of April, she landed 891 passengers and 116 officers and men, having lost 316 by cholera. There were eight cases and five deaths among those who had to do with the vessel at Halifax, but no other extension of the disease, and none in New York. Two days prior to the arrival of the England, the Virginia had arrived at New York quarantine, having had 116 deaths on the voyage; and before the first death of the epidemic of 1866 had occurred, namely May 2d, there had been nearly 3,000 arrivals in New York of individuals "who had been directly exposed to the infection of cholera at Liverpool, on shipboard, and at quarantine." Notwithstanding this, so slowly does cholera spread, except under favorable conditions, that there had been only 21 deaths from the disease up to July 8th; and it was not until the first week in July that the disease appeared in Brooklyn, although there were frequent arrivals of cholera vessels, during all this time.

The epidemic of 1873 was preceded—*fourteen months before the first case of the epidemic occurred*—by the arrival of the Franklyn at Hali-

fax, November 6th, 1871, in distress, having lost 28 of her steerage passengers by cholera. Five cases, with three deaths, resulted from her on shore, but the disease did not spread, either in Halifax or vicinity. The vessel proceeded to New York, where she arrived November 12th, 1871, having lost 11 more of her passengers, and having 72 cases then on board. But no epidemic followed. During 1872 there were numerous arrivals from cholera-infected ports, and the disease appeared on the island of Cuba and in Jamaica in the autumn of that year. During December, 1872, and January, 1873, there arrived at New Orleans a total of nearly two thousand immigrants from cholera-infected districts of Europe. And yet it was not until the 9th day of February, 1873, that the initial case of this epidemic occurred in the city of New Orleans.

No single case of cholera, no one shipload of cases has ever yet sufficed to establish an epidemic of Asiatic cholera on this continent. It has only been after repeated importations in the persons of thousands of immigrants and in their infected baggage and household goods, that the contagion has effected a lodgement, and has reproduced itself and multiplied into an active epidemic agency.

Hence my first proposition, that, for this country, the disease is essentially and preëminently a quarantinable disease, and may be practically excluded. If it were true of the cholera poison, as it is of the small-pox contagion, that favorable conditions for its spread exist wherever a susceptible individual is found, without reference to the sanitary surroundings, we should have no such history as I have just recited,—a history of repeated importations extending over months and months before it succeeded in establishing itself.

It will not do, however, to construe this tardy establishment of the contagion into an excuse for delaying measures of preparation—neither those for its exclusion, nor those for its limitation and suppression, should we fail to exclude it. Cholera is a capricious disease, and the history of its various pandemic extensions throughout the Old World affords instances of a single introduction sufficing to inaugurate an epidemic. Fortunately, the conditions favorable to such a prompt epidemic spread do not obtain with us, except in a few localities. Populations are not so dense, nor are dwellings so saturated with crowd-poison, nor is the soil so thoroughly polluted by long occupancy. Where these evils exist they should be remedied forthwith to as great an extent as practicable, in order that, among other good results, the conditions favorable for the growth and multiplication of the cholera-poison may be destroyed or limited.

It is charged that quarantine is powerless to prevent the extension of epidemic diseases; that, in the language of John Simon, “a quarantine which is ineffective is a mere irrational derangement of commerce;” and that to be effective, it must be of such a nature as to absolutely prevent all intercourse with the infected country. This may be true of Great Britain, owing to her geographical position, to her extensive commerce and its exigencies, to her comparative dependence on other countries for her food supply, and to other conditions which do not obtain with us. It may also be true of Europe generally. There, a narrow strait or sea, a river, a mountain chain, or merely a territorial boundary line, with its custom houses and passport system, defines the limits to be guarded, and

forms the only physical barrier between the quarantiner and the quarantined. Here, the whole width of the Atlantic intervenes between us and the infected country. There, cordons and quarantines mean privation, misery and suffering, and ultimately, starvation. Here, the Nation is self-supporting, and could exist unaffected in almost all her material interests. There, it may be true, as alleged, that a quarantine of exclusion is impossible of execution, and that the attempt to maintain it does more harm than good, in leading to numberless contraband practices by which the disease may be introduced in unsuspected ways.

None of this is true when applied to the exclusion of Asiatic cholera from this country; while to accept the statements unquestioned would cause vigilance to be relaxed, would invite contagion to our shores unimpeded, and would finally throw upon individual communities the burden and the responsibility of fighting the disease at an immense disadvantage—that is, of fighting it at home and from many quarters, instead of on the outer lines and from only one direction.

With the necessary agencies of an effective quarantine provided in due season, it would not require any very great degree of courage to promise the practical exclusion of the disease.

These necessary agencies may be thus stated in their natural order of sequence:

First—Timely and trustworthy information of the existence of the disease in countries and at ports having commercial relations with our own, including telegraphic advices of the departure of vessels from such ports for ports in this country. Section 1752 of the Revised Statutes of the United States gives the President authority to use all diplomatic and consular officers for “the communication of information * * * conducive to the public interests;” and instructions have already been issued under this authority.

To properly utilize this information, in fact, in order to fully secure the information, there needs to be—

Second—A National health organization, representing the natural sanitary divisions of the country; endowed with adequate authority; supplied with means commensurate with the duties imposed upon it; and with the power to call upon any other branch of the public service of the United States, for legitimate assistance and coöperation. With some modifications the present National Board of Health would satisfactorily meet this indication. In my judgment its membership should be enlarged so as to more perfectly represent the natural sanitary areas, and its members should be familiar not alone with the sanitary features of their respective districts, but equally they should be identified with the commercial business and industrial interests.

Under this National health organization there should be extended and perfected—

Third—The system of Refuge Stations projected by the National Board of Health. With two or three exceptions, no port in the United States has adequate facilities for the proper administration of quarantine. Such a system as was inaugurated by the National Board of Health, and which is the only quarantine contemplated in these remarks, involves the removal of an infected or suspected

vessel out of the track of commerce; the segregation of her sick from the well; the proper care and shelter of both these classes; the necessary disinfection of infected cargo, and the purification of the vessel; and the release of vessel, cargo and persons, so soon as they have been rendered safe and free from the danger communicating disease.

This is very different from a mere quarantine of detention. It is the American quarantine of sanitation, a common-sense quarantine, which aims to prevent the introduction and extension of contagion, not by merely arresting it at a given point and there leaving sick and well at its mercy until, the susceptible material having become exhausted, no more cases of the given disease occur; but by removing the susceptible at once from its influence, and then destroying it and the conditions necessary for its existence by scientific methods of disinfection and purification.

To do this, however, requires a quarantine plant and facilities far beyond the means of any but the largest ports, supported either by abundant quarantine fees or by adequate appropriations from the State or municipality. But cholera may obtain access at a small port as well as a large one, and hence the necessity for the Refuge Stations above indicated.

Under the system here outlined the departure of a vessel from a cholera-infected port would be at once cabled to the National health officer; the authority at the port of destination would be duly notified; pilots for such port would be ordered to take the vessel to the nearest Refuge Station; and at such station, under the charge of a National officer, and at the expense of the National government, she would be so treated as to make it impossible that she could land cholera-contagion in our midst.

So much for the measures which should be adopted for the exclusion of the disease—measures which have already been practically tested sufficiently to demonstrate their feasibility and value. But before dismissing this branch of the subject it will be well to consider the possibility that it may be necessary to absolutely prohibit immigration, for a time at least, from infected countries. Every one of our cholera epidemics has been directly and unmistakably traceable to the arrival of immigrants infected in person or in baggage and household goods. It was the crowded troop-ship and transport which brought the contagion into France from China and Egypt. It is the crowded pilgrim-steamer and passenger vessel which carries it from Bombay and Calcutta into Europe and elsewhere, as already instanced. It is the steerage of the immigrant vessel, with its crowd-poison and other conditions favorable to the development of a specific contagion, which we have to fear. This contingency is one of the most important against which National legislation should be provided next winter.

I have said that I believe Asiatic cholera may be as successfully dealt with in this country as small-pox—notwithstanding that we have no such demonstrated prophylactic for the former, as vaccination is for the latter disease; that it may, probably, be more successfully dealt with than yellow fever—notwithstanding that this is limited by climate and temperature, while cholera is independent of the one and only measurably affected by the other. I believe this to be the case as the result of my own official experience. In th

last two epidemics of cholera, the disease was controlled wherever it appeared in the localities under my supervision, by the adoption and enforcement of the simplest measures. Surface wells were fouled with carbolic acid, so that their use for drinking and culinary purposes was necessarily abandoned, and a pure water supply was provided instead. Every house where a case of cholera appeared was promptly taken charge of by the sanitary authorities; the patient was isolated; discharges were thoroughly disinfected and buried; all other sources of infection were carefully looked after, and the premises, generally, were put in the best attainable sanitary condition, and with marked results upon the extension and progress of the disease. Every community, for itself, may readily provide a similar mode of dealing with a cholera outbreak, should the disease, unfortunately, be introduced.

But something more than this is needed in order to perfect the sanitary defense of the whole country. For this we must have co-operation and concert of action. We must devise a plan whereby the limited and individual powers of communities and States may supplement each other and act harmoniously and efficiently for the common welfare. In the exercise of its police powers—upon which all its sanitary laws and ordinances are founded—the municipality is confined within its own limits, or, for certain purposes, to a short distance beyond. The power of the State is in like manner limited by its own boundary lines.

In the absence of a National health organization, with power to act without reference to State lines and with resources to meet every emergency, the best we can now do is to form an organization of all those clothed with sanitary power and authority, both State and municipal:—an organization which shall give effect to the principle that we are each our brother's keeper in whatever pertains to the prevention of the introduction and spread of epidemic contagion. Such an organization as the Sanitary Council of the Mississippi Valley, supervising—and if need be maintaining—a system of sanitary surveillance similar to the River and Rail Inspection Service in the Valley, and the Immigrant-Inspection Service of the recent small-pox epidemic, will be of great value in a two-fold manner.

It will enable State and municipal authorities to aid each other and to make their rules and regulations substantially uniform, and thereby to secure the coöperation and assistance of transportation companies and other commercial interests, whose business success depends so largely on freedom from unnecessary interruption or conflicting and changing restrictions. It will be of positive sanitary value in the moral pressure exerted on the individual agents of travel and traffic.

Here in the Valley, a great improvement in the sanitary conditions of steamboats, barges and river craft, and, to a minor degree, in the care of railway cars, depots and out-buildings, followed the knowledge that the detention for inspection depended upon the experience of the inspector with regard to the particular boat or line. In the same way the conditions of immigrant travel were sensibly improved by the Immigrant-Inspection Service, not only on our railroads, but on the ocean steamers themselves. Its effects were

also manifested in the administration of the seaboard quarantines, to which the Service was a direct help in securing a prompter and more general compliance with the quarantine requirements of the different ports.

This latter point is one of great importance to the interior. Illinois, for example, is as much interested in maritime quarantines as are communities bordering upon the Atlantic and the Gulf of Mexico. During my own official experience the State has repeatedly suffered from the laches and inefficiency of their administration. Her sanitary interests are protected or endangered through them along the whole line from the mouth of the St. Lawrence to the mouth of the Mississippi, and even to the Rio Grande. Means of communication and intercourse are now so multiplied that time and space—in respect to contagious diseases—are practically annihilated; and methods which might have sufficed for the protection of the interior twenty-five years ago would be, to a great extent, valueless to-day.

In 1873, for example, there were outbreaks of epidemic cholera at Carthage, Ohio, in Kandiyohi county, Minnesota, and at Yankton, Dakota, caused by cholera-poison packed up in the household effects of emigrants in Holland, Sweden and Russia, respectively; these emigrants sailed from healthy ports, in healthy vessels, and were subjected to the usual sanitary requirements of the period. They passed through New York and all the intermediate territory without injury to the public health. But when their infected goods were unpacked in the interior of the continent they liberated the poison which gave rise to the local outbreaks.

To guard against a possible recurrence of such importations—which have been often paralleled in my experience with regard to small-pox among immigrants, and through which importations, both of cholera and small-pox, the interior is affected while the port of arrival escapes—no ordinary system of quarantine, controlled by a State or municipality alone, will suffice. Prompt and trustworthy information, such as the general government only can obtain, concerning the sanitary history of all emigrants during the existence of cholera in Europe, is obviously necessary to this end.

Sooner or later the National government will be compelled not only to assume supervision of exterior quarantines, but to provide for a permanent system of coöperation with State and local governments in the administration of inter-State sanitation; in order, on the one hand, to prevent the introduction of exotic epidemic diseases, and, on the other, to prevent their spread from State to State along the great intra-National highways of travel and commerce. This is a National duty. It is one that the National government only can adequately discharge, and its expense is, equitably, one which should be defrayed from the National treasury.

Such an organization as I suggested will be one agency for securing the assumption of this duty by the general government; and the present emergency offers a favorable time for pressing its consideration. Heretofore, legislation in the interest of public health has been obtained as a rule, at the tail-end of an epidemic. It has too often been in the nature of a locking of the stable-door after the horse was stolen. Let us now see if we cannot reverse the process, and, while there is yet time, induce not only Congress, but

States and municipalities to take the necessary action for securing a better protection of the public health.

Just now this means more than the good to be found in the saving of human life and in avoiding the suffering and misery, the ruined homes and desolated families which an epidemic always leaves in its track. It means the prevention of panic; it means the prevention of the interruption of trade and commerce; it means the prevention of the loss of millions of dollars, all of which would inevitably result from an epidemic of Asiatic cholera in this country. Already the disease has cost Southern Europe not less than a hundred million dollars—six million dollars up to October 1st in trying to prevent its spread in Italy alone, with a loss of four million dollars even in the month of August, before the disease had effected a serious foothold; and now it is announced that the decrease of the national revenues of France has been materially aggravated by the reduction of receipts from railways, caused by the cessation of travel consequent upon the prevalence of the cholera epidemic. And yet Europe is only upon the threshold of this epidemic, if we may judge from the past.

Shall we be warned in time, or shall we wait until the pestilence has landed and obtained a foothold? A single outbreak—possibly a single case—of Asiatic cholera in New York, or Chicago, or St. Louis or New Orleans, in our present condition, would cost the country millions of dollars, even though no epidemic spread should result.* With a perfectly feasible quarantine system, whose entire cost would not be a tithe of this sum, the chances of that single case may be made exceedingly remote. With an adequate sanitary organization—embracing within its scope the National authority, the State and the municipal, each in its respective sphere—not one case, nor one hundred could establish an epidemic. Such an organization of the sanitary defences would inspire public confidence and prevent panic in the face of real danger—and panic is one of the worst complications of a cholera epidemic, as fear is one of the most potent predisposing causes of the disease.

No comparison is possible between the most liberal estimate of the cost of the methods of exclusion and suppression here proposed and the cost of an epidemic. The money cost in both cases, may, it is true, be calculated; but who shall place a dollar-and-cents' value on the lives which would be sacrificed, and the suffering entailed by an epidemic of Asiatic cholera?

Our duty, our responsibility, and our opportunity, seem to me plain and obvious. So far as pushing general and local sanitation go, I believe we are doing fairly well; and to this extent we are reducing the chances of the spread of cholera, should it effect a landing through defective or wanting quarantine provisions. The next work that lies close to our hands is to inform the public as to the necessity of securing adequate legislation—National, State and municipal.

*In 1879 the report of a single case of yellow fever in the South caused a shrinkage in the provision market, in Chicago alone, which amounted to a million of dollars within twenty-four hours.

Congress must be urged to reorganize and rehabilitate the National Board of Health, or to provide an efficient substitute—one clothed with increased power and supplied with ample funds to maintain an effective system of modern sanitary quarantine for the exterior; to maintain an interior sanitary inspection service for the great highways of travel by land and water; and to give judicious coöperation and substantial assistance to States and municipalities in preventing the introduction of epidemic diseases into one State from another, and in preventing their spread within the States themselves.

Congress should give the President the power to issue a proclamation, upon the recommendation of the National health authority, forbidding immigration into the United States from infected districts of other countries, and it should provide some method of international sanitary coöperation between this country and the Dominion of Canada, whose interests are substantially the same as ours in these matters, and whose contiguity makes coöperation of vital importance.

In States which now have no boards of health, or whose boards are not vested with the necessary authority or provided with adequate resources, the people should be awakened to the necessities of the situation. Legislators should be thoroughly informed as to the facts and urged to provide suitable legislation.

Information on sanitary matters should be widely diffused to this end, and also to the end that, if an epidemic should come, we may not have to encounter the obstacles which ignorance is always ready to put in the way of what it does not understand. Happily, in this country we are not likely to meet with the treatment that the superstitious peasantry of France and Italy have accorded their physicians and health officers. But sanitary education and knowledge cannot be too widely spread.

These are matters which may profitably occupy much of our time and attention for the next two months; and I would suggest that when this meeting of the Conference adjourn, it be to meet again in Washington early in December, for the purpose of conferring with the President, the proper Cabinet officers and the committees of the Senate and House as to the legislation which should be asked for at the next session of Congress. To this meeting I think not only should representatives of State Boards of Health be invited, but also all quarantine officers and the health authorities of the large cities, as well as those of the Dominion of Canada. I would also suggest that quarantine officers and those who are responsible for the local sanitation of towns, cities and States should be requested to come prepared to give all necessary information concerning the quarantine and sanitary affairs of their respective ports and localities.

THE address of Dr. Rauch was discussed by Drs. Dibrell (Ark.), Covernton (Can.), Lindsley (Tenn.) and Mr. Brooks (N. Y.) At the close of the discussion Surgeon Smart, U. S. A., read the following paper, by special invitation:

QUARANTINE AND SANITARY METHODS FORMULATED BY THE NATIONAL BOARD OF HEALTH *In Re* ASIATIC CHOLERA.

By CHARLES SMART, Surgeon, U. S. A., Member N. B. H.

THE National Board of Health based its rules and regulations to prevent the introduction of cholera into the United States, and its spread from one State to another, upon the following facts, which science and experience have demonstrated, viz:

1. Cholera is caused by a specific germ.
2. This germ must reach the bowels in a living state.
3. The germ maintains its vitality and toxic properties under many conditions, the most important being:
 - (a) In the immediate discharges from the bowels of the sick.
 - (b) In the soiled clothing of the sick and of the beds they occupy.
 - (c) In the privies and cesspools which receive the discharges, and
 - (d) In soil and sub-soil waters which become secondarily contaminated.
4. The germ may be destroyed with no other interruption to travel and traffic than is needful to determine the likelihood of its presence and to apply the necessary measures for disinfection.

Guided by these principles, the National Board of Health organized the following system of preventive measures, and experience has confirmed its convictions that they comprise the essential sanitary acts necessary to the complete suppression of cholera.

1st. International Coöperation.—The Board early discovered that there would be serious practical difficulties in the administration of rules and regulations recommended by sanitary experience and framed by the legislation of the country to the end of preventing the introduction of foreign pestilence into the United States without the consent, and, as far as possible, the aid and coöperation of other commercial nations. It accordingly took steps to secure this, and a conference was held under the joint authority of both houses of Congress.

The discussion proved that, of the twenty-seven nationalities represented, by far the larger number were prepared to enter into a formal joint treaty that would secure harmony of action in the enforcement of certain important measures for their mutual protection against an invasion by cholera. Too much importance cannot be attached to the coöperation of nations in measures of prevention against the spread of contagious and infectious diseases along the routes of travel and commerce.

2d. Measures to be Adopted at Foreign Ports.—The first act of the National Board of Health was to frame rules and regulations to be enforced at foreign ports to secure the best sanitary condition of the vessels about to leave for a port of the United States.

This measure is the true basis of success in efforts to prevent the importation of contagious diseases. Ships are the great carriers and propagators of diseases of foreign origin. Crowded with passengers and freight, saturated with putrescent filth, and heated to the requisite temperature for the active growth and multiplication of the germs of disease, the modern emigrant ship is a fertile field for the cultivation of pestilence.

The rules and regulations prescribed by the Board required that each consular officer of the United States in a foreign port, or a medical officer specially detailed by the President for duty at the consulate, should keep himself thoroughly acquainted with the sanitary condition of the port and vicinity, especially with regard to the presence of cholera, yellow fever or plague, and of the existence of typhus or small-pox in epidemic form. On the request of any master, owner or agent he was required to make an inspection of any ship or vessel bound for the United States, and to give a certificate or bill of health based on the condition of the port and the result of the inspection. This examination into the sanitary condition of the vessel was required to be made before the cargo was taken on board. The certifying officer was directed to see that the vessel was dry, clean, free from decayed wood, and thoroughly disinfected if last from an infected port, or if the port of departure was itself infected. The shipment of merchandise or articles known to be infected was prohibited, and ballast was required to be approved by the certifying authorities. If the port was infected the passengers underwent medical inspection not more than twenty-four hours before the signing of the bill of health, which was considered valid only if delivered within the twenty-four hours last preceding departure. The bill of health set forth the sanitary history and condition of the vessel; and, if the bill was a clean bill, it was certified that the vessel left the port in free pratique; while if the bill was a foul bill, it was certified that the vessel left the port in quarantine.

A clean bill of health was authorized when the vessel's condition was satisfactory and the port free from infection. A foul bill was given when, on the contrary, the port was infected or the condition of the vessel unsatisfactory. In all cases of doubt as to the infection of the port a foul bill was directed to be issued; but the existence of infection in the quarantine establishment of the port was not considered cause for a foul bill of health. On the departure of the vessel from an infected port her name, date of sailing and port of destination were telegraphed to the Board by the certifying officers.

31. *Sanitary Service at Sea*.—Second only in importance to securing at the foreign port a clean vessel and uninfected freight, with the crew and passengers in healthy condition, is a sanitary service at sea that shall preserve the cleanliness of the ship and the health of the crew and passengers, and arrest or isolate the first case of sickness. Every effort should at this time be made to induce steamship companies to hold their medical and other officers responsible for cleansing and ventilating their ships during the voyage, and for daily inquiry as to the health of every person on board. Diarrhoeal affections should be promptly isolated and carefully located, all intestinal discharges being immediately disinfected and thrown into the sea.

4th. *Measures Recommended to be Adopted on the Arrival of the Vessel at a United States Port*.—Although the word quarantine is in common use in connection with these measures, the Board in its use did not imply detention for any specified time, but only for such

time as was needful to determine the presence or absence of infection in vessels arriving at our ports, and to effect, if present, its destruction or removal.

Every vessel should be visited by the quarantine officers, and if cholera or other infectious disease existed at the port of departure, or at any port at which she had touched during the voyage, or on any vessel with which she had come in contact, such of the crew and passengers as were infected should be removed to hospital and the others to proper quarters. The clothing and baggage should be carefully disinfected, the cargo discharged and disinfected, and after the thorough cleansing and disinfection of the vessel the cargo may be reshipped and the vessel permitted to depart.

5th. *Sanitary Supervision of Travel and Transportation, Coastwise and Inland.*—If, notwithstanding these measures to exclude infection, the disease should effect an entrance into any of our ports [as, small-pox and yellow fever had done] measures should be taken to prevent its spreading from that port to other ports on the coast, or to the interior points. Seacoast, river and railroad travel and transportation should be conducted under sanitary supervision. In the case of coast or river steamboats or vessels sailing from the infected port, measures of inspection and disinfection should be enforced similar to those practiced at foreign infected ports, the utmost cleanliness urged during the voyage, and the importance of frequent inquiry into the condition of the passengers and crew impressed upon the officers of the vessel.

In addition to this, inspection stations should be established at certain points as they were on the Mississippi river with reference to yellow fever. The medical officers at these points acted as quarantine officers for the States threatened with invasion. Every vessel was boarded; any change in her sanitary condition since leaving the port of departure was noted on her bill of health, or if needful she was moved to a refuge station for the isolation and treatment of the sick, and for the discharge of cargo and thorough disinfection prior to continuing her voyage. On the arrival of the vessel at the port of destination she was subject to the action of the local authorities, who were recommended to adopt measures similar to those in force in the case of vessels arriving from foreign infected ports.

Railroad trains leaving an infected city, town or other place, were required to be made up of unupholstered cars, which were fumigated with sulphurous acid for six hours prior to the hour of departure. [In view of the results of Koch's recent investigations into the causation of cholera, dry heat might be substituted for disinfection by chemical means in this and similar instances.] The baggage, freight and mail matter to be transported were thoroughly disinfected, and the passengers inspected by a medical officer before starting. About five miles from the infected place passengers and baggage were transferred to other cars which had never been within the limits of the infected district. A second transfer was made at some point about fifty miles distant from the first transfer station. Freight was transferred at some station about fifty miles from the point of departure, and the unloaded cars returned to the infected place.

These measures, having in view the prevention of the importation and spread of the germs of the disease, were published in detail in the first issue of the Bulletin of the National Board of Health, June 28, 1879.

There is, however, another and highly important series of measures requiring consideration, in view of the possible introduction of the disease germs at some unguarded point. These consist of—

1st. Efforts to prevent the occurrence of an epidemic at the infected point by having it, at the time of the invasion, in such sanitary condition that the disease shall not spread on account of the absence of certain unhygienic factors necessary to its epidemic development. It is not needful to specify these measures of general sanitation, nor to point out that, to be efficacious, they must be put in force a long time before the introduction of the disease; for though surface cleanliness may be speedily effected, the purification of an impure soil is a work of time. But it seems proper to urge that, as any point may become an infected one, and not those alone which are, from their commercial relations, most liable to invasion it is important that all points should be rendered, as far as practicable unsuitable for the epidemic development of the disease.

2d. Efforts to suppress an epidemic at the infected point by perfecting all arrangements to meet it in advance of the occasion, as, (a) By providing a corps of officers to conduct a house-to-house visitation in the infected and threatened districts, for the purpose of discovering and treating cases of premonitory diarrhœa, of giving instruction on all matters relating to food, drink, the disposal of excreta, etc., and of superintending the disinfection of clothing and premises. (b). By arranging for the establishment of camps or quarters in dry and well drained localities for the accommodation of persons temporarily removed from badly infected houses. (c). For arranging for the extemporization of small hospitals in the immediate neighborhood of the infected locality, and for the establishment of an ambulance system in connection therewith for the conveyance and reception of homeless cases, and of those from houses vacated for cleansing and fumigation as being dangerously infected.

In the discussion which followed the reading of Dr. Smart's paper, Dr. Covernton (Can.) gave a detailed account of the quarantine regulations adopted by the Canadian authorities with reference to the threatened invasion of Asiatic cholera.

Dr. Baker (Mich.) moved that all papers read be referred to a special committee of five for consideration, and to formulate a report based thereon, embodying the methods approved by the Conference for combating cholera. The motion was carried, and the chairman appointed as such committee Drs. Baker (Mich.), Rauch (Ill.), Walcott (Mass.), Bryce (Ont.), and Herrick (La.).

The committee was instructed to report on the following day, after which the session was adjourned.

TUESDAY, October 15.—After the reading of the minutes of the session of Monday, which were approved, the following paper was presented:

CAN EPIDEMIC DISEASES BE EXCLUDED BY SANITARY CORDONS?

By C. W. CHANCELLOR, M. D., Secretary State Board of Health of Maryland.

I desire to bring to the attention of the Conference a few facts in connection with the existence and spread of Asiatic cholera which may enable us to form a just conclusion as to the means necessary to combat the disease.

The influence which the law of quarantine is supposed to have in the protection of the public health; the bearing of that law on some of our strongest prejudices; and the assumption that it contains the various precautions which have been long deemed our safeguards against the introduction of epidemic diseases, from whatever part of the world the danger may be apprehended, render every suggestion that may affect it a matter at once of general interest and peculiar delicacy.

There is no subject on which such vague notions have prevailed; none respecting which men's minds have been so completely and so generally mystified, as that relating to the system and utility of quarantine laws. On the one hand, care is to be taken that, in the attempt to relieve commerce from burthens and inconveniences which press upon it, and to afford it the greatest freedom of which it is susceptible, we do not expose the country to the most formidable risk. On the other hand, that neither ancient prejudices nor an excess of anxiety to avert possible danger, should induce the introduction or continuance of restrictions inessential to their object; and should thus deny to trade any of those facilities, which, consistently with every prudential regard for considerations of protection and safety, it may be permitted to enjoy.

The argument against quarantine in cholera is based upon a multiplicity of testimony which seems perfectly unanswerable; and therefore it appears to me wonderful that any doubt should remain upon any mind which has been made acquainted with the facts in reference to the spread of the disease. It is doubtful whether in the whole history of sanitary legislation there exists an instance of such stupendous folly as that of supporting, at a great expense, a quarantine establishment, whereby commerce is subjected to innumerable inconveniences, for the sole purpose of preventing the introduction of epidemic or infectious diseases.

The quarantine theory errs in demanding the exclusion of the germ of the disease, often at the expense of neglecting all other sanitary precautions. Cholera is to be dealt with on the same general principle as all other diseases, and this is, that every sanitary defect must be sought out, and, as far as possible, remedied. The cause of cholera—what governs its distribution and its relative incidence in different places—is still as inscrutable as when the disease first appeared in Jessore in 1817; but it is well known that when this cause or combination of causes is present, it is favored by filth, overcrowding, and every other condition adverse to health. *The practical work to be done is to remedy these conditions, and this cannot be accomplished by any system of quarantine.*

It has been quite well established that cholera is not contagious, and it is altogether improbable that the disease can be transmitted by persons or goods; therefore, quarantine and similar restrictive measures are utterly useless and always injurious, not only to commerce, but to communities as well, inducing a condition of the public mind which readily results in a disgraceful panic, such as has recently been witnessed in the south of France and in Italy. We have seen what has been the result of quarantine and non-intercourse measures, when carried into execution with all the strictness which it was in the power of the most absolute monarchs of Europe to enforce. In no instance have they succeeded in staying the progress of the pestilence, but have undoubtedly, in many instances, augmented the misery and suffering of the people, and the number of victims to the disease.

In an elaborate report made to the Philadelphia Board of Health in 1831, upon the causes and treatment of cholera, two series of facts relating to the origin and spread of the disease in Europe are given, to which reference may be here made, as well as to other important data from the same report.

First, the best regulated restrictive measures, by sanitary cordons and rigid quarantines, were of no avail in warding off the disease from Astrachan, Moscow, St. Petersburg, Danzig, Berlin, Breslau, Vienna, Hamburgh, Paris, Sunderland, Newcastle, Cairo and Alexandria. If these measures could ever be hoped to avail, it would have been when enforced, as in Russia, Austria and Prussia, with the whole authority and power of the governments of those countries.

Second, it has been shown by official documents, that cholera broke out and attacked persons, citizens respectively of the above named cities, who had had no intercourse with persons from abroad, nor with any who had been or then were affected with the cholera. Moreover, the disease attacked, within the period of a few hours, persons in different and remote parts of these cities, who could not possibly have affected each other. The cholera appeared first in England, in 1823, in the town of Sunderland, notwithstanding guardships and quarantine; and its springing up suddenly in other towns in England and Scotland could not be traced to a foreign source. For weeks, sometimes months, before the breaking out of the disease in its epidemic and virulent variety, sporadic cases had occurred, and there was observed a great tendency to gastric and intestinal disturbance.

As a rule, the disease will appear first where the original or secondary causes are the most powerful. If the state of the atmosphere over the world, at any one time, is equally vitiated by some unknown cause, its effects will first appear in places where that state of the air is most powerfully aided by local vitiations, as in cities or marshy grounds.

Dr. Kirk, of Greenock, says: "No man who carefully examines the habitudes of cholera, without prejudice and prepossession, can come to any other conclusion but that, in all great eruptions of the disease, it is an epidemic depending upon atmospherical and malarial influence;" and Dr. Laurie's most graphic and excellent description of the disease at Gateshead, needs only to be read by any unprejudiced man to convince him that the unfortunates seized

on the morning of the 26th of December, 1830, were smitten by an atmospherical epidemic and not by an imported contagion. "The inhabitants of Gateshead," says Dr. Laurie, "fell asleep on the 25th of December, with a sense of perfect security and devoid of panic, but before the sun rose on the 26th, fifty-five individuals had been seized, thirty-two of whom were not destined to see it set." In this instance a predisposition from the state of the atmosphere undoubtedly existed, and there was no evidence whatever that the disease was propagated by contagion or was of imported origin.

We have already referred to the futile attempts made to ward off the disease from certain European cities in 1823. We come now to notice the attempts in Europe to keep off the disease by restrictive measures of isolation and non-intercourse with Astrachan in 1830. The cholera first appeared one hundred versts (67 miles) from Astrachan, on board the vessel of war *Baken*, last from the Isle of Sara, a place exempt at the time from cholera; this vessel was retained in quarantine in Sedlitz, sixty miles from Astrachan, and not one of the sick reached this latter city. The cholera manifested itself rapidly and simultaneously in many parts of the city, without the sick having had any communication with the places above mentioned. The first person affected with the disease at Astrachan had not arrived from a suspected place, but was a resident of the city, and had never been outside its limits. At Orenberg, quarantine restrictions were equally unsuccessful.

We learn from the official letter, signed by the physician, police officer and others that, after the most minute inquiries, the man first attacked with cholera at St. Petersburg, had no intercourse whatever with persons who had come from any other place—nor could direct personal intercourse be traced between any two of the first five cases. These occurred at a time when the city was surrounded by sanitary cordons, and a rigid system of quarantine existed, directly under the eye of the government, and with an immense array of military force.

The most careful and minute inquiries, as we learn from both German and English physicians, instituted at Moscow, proved uncontestedly that the disease was not imported into the capital; but that it appeared there spontaneously. It was ascertained that the first four patients had not themselves been in any infected place, nor held communication with any person or persons coming from such a place.

The British Consul (and he is borne out in his statement by the Livonian government) tells us, that the disease appeared simultaneously in three different places at Riga. The first cases were two stone-masons, working in the Petersburg suburbs, a person in the citadel, and a lady resident in the town. None of these persons had the slightest communication with the crews of barques, or other strangers. Danzig was said to have received the disease from Riga; but it was subsequently proved that the disease had appeared in Danzig three days before the arrival of the vessel from Riga, and with Poland all intercourse had ceased months before.

Breslau, the capital of Silesia, in what was considered the enjoyment of the most perfect system of quarantine, both on the frontiers of the province and on the river Oder, was suddenly alarmed by

the disease appearing in one of its suburbs. The first case was a female who had never quitted the city, nor ever been engaged in the traffic of clothes. After the most minute investigation by the public authorities, not the slightest evidence was obtained of this person having communicated with any stranger, or goods suspected of being infected. In a few days after her death many persons were attacked with cholera, in parts of the city remote from each other.

In some of the cities in Germany and Hungary, besides a total suspension of intercourse between those in which the disease was present, and neighboring as well as distant places, each house in which a person happened to be attacked was immediately surrounded by a guard, and all communication between it and other houses was prevented. New cases, nevertheless, continued to occur daily, in different parts of these cities, and the precautions thus taken, seemed rather to increase the number of victims of the disease than to curtail them, on account of the neglect which their isolation necessarily involved. Berlin, despite the sanitary cordon, composed of the choice troops of the kingdom under the eye of the sovereign himself, became a theatre for the ravages of cholera.

The inhabitants of Hamburg, looking with anxiety towards Prussia and the country eastward, and enlisting all the means in their power by sanitary cordons and quarantine, to prevent the disease from approaching from that quarter, found it suddenly appear in the midst of them, rising, as it were, out of the earth from the cellars, whose inmates were the first victims.

Similar restrictive measures imposed by the Austrian government were attended with the usual want of success, and Vienna became a seat of the disease before many places where no artificial barriers had been interposed.

The 4th annual report of Dr. Cunningham, the Imperial Sanitary Commissioner of India, bears upon this subject. In referring to the water theory of cholera, the report says: "As the very existence of the cholera germ has itself still to be established, as well as the opinion that it resides in the discharges, not only is the chain of argument imperfect, but every important link in it seems wanting. Cholera almost invariably travels, not down, but up the great drainage channels of the country." And again, says Dr. Cunningham, "the water theory errs in demanding a remedy for only one out of many defects. Cholera is to be dealt with on the same general principle as all other diseases, and this is that every sanitary defect must be sought out, and as far as possible remedied."

But the most startling statement in connection with this subject is contained in the 18th or last report of Dr. Cunningham, when he says, page 127,—"The experience of fairs and other gatherings in this country (India), has again and again, testified to the truth of the conclusion that cholera is not carried by persons from one locality to another, so as to cause persons not themselves exposed to the necessary local influences to become affected by the disease." This statement, if it is worth anything, teaches us that the only practical work to be done in the prevention of cholera is to remedy the conditions, and let the germs take care of themselves.

These several facts all concur to authorize the positive conclusion that non-intercourse between places actually ravaged by cholera, and places still exempt from the disease, however rigidly enforced, can give no certainty nor even any well-founded hope of protection for the latter. The promised benefit from such restrictive measures has not in any single instance been obtained, while the inconveniences and sufferings caused by them have become too manifest.

But though the exercise of quarantine laws cannot be relied upon to guard our shores from the approach of cholera, the powers of the several governments—municipal, State and National—may be exerted in such a manner as to disarm the disease of much of its malignity, and prevent its extensive spread among us. This may be done by establishing at home, and without delay, an enlightened system of sanitary police; by taking effective measures to ensure the cleanliness and proper ventilation of our cities and their suburbs; by impressing upon every class the importance of temperance, and especially of abstinence from every species of unwholesome food or intoxicating drinks; by promoting, in every possible way, the comforts of the poor; by preventing, as far as practicable, their exposure to excess-ive fatigue, to cold and dampness, and to the noxious atmosphere of filthy, ill-ventilated and crowded dwellings, and by endeavoring to supply them with food which is at once cheap, sufficient in quantity and wholesome in quality; and, withal, by endeavoring continually, instead of exciting unnecessary alarm, to tranquilize and strengthen the public mind, and to inspire confidence in all classes of citizens.

This paper was discussed at length. Dr. Covernton (Can.) agreed with the author of the paper as to the precautions to be taken before the advent of cholera, and while he had little faith in inland quarantine after the disease had once gained a foothold on our continent, he attached the utmost importance to intelligent quarantine regulations to prevent its importation to our shores. The paper voiced the commercial and not the sanitary and preventive methods of dealing with cholera, and was in perfect accord with the well-known and disastrous policy of the Indian Government in the management of that disease.

Dr. Holt (La.) urged a quarantine, not of the old shot-gun style, but intelligent provision for the detention of ships and the thorough cleansing of the hulks and disinfection of the contents before they were allowed to come into port. Ancient quarantines were brutal, unscientific, unsuccessful, and hurtful to commerce. Modern quarantines, on the other hand, which meant nothing more nor less than thorough, absolute cleanliness, were not only effective in preventing the introduction of disease, but were highly useful to commerce.

Dr. Reeves (W. Va.) regretted the views of Dr. Chancellor, if that meant no quarantine at Baltimore. Of what use would be any precautions adopted by his State if such a policy as that outlined in the paper was to govern his neighbors?

Dr. Steuart (Baltimore) assured Dr. Reeves that there was not the slightest danger of his port being thrown open.

Dr. McCormack (Ky.) thought the papers and discussions demonstrated the importance of such an organization as this. In the absence of a well-equipped National health service, our only protection against foreign invasion lies in systematic and effective work by the State Boards, and the work will only be systematic and effective in this sense where there was such hearty coöperation as frequent meetings and free interchange of opinions would give.

The committee appointed to prepare a report on the methods of combating cholera, through its chairman, Dr. Baker (Mich.), presented the following:

PRACTICAL WORK REQUIRED FOR THE PREVENTION OF CHOLERA IN THIS COUNTRY.

There are three factors essential to the prevalence of cholera in this country as an epidemic: (1) The importation of the disease by means of ships, more or less directly from its only place of origin in India; (2) local unsanitary conditions favorable to the reception and development of the disease; (3) persons sick with the disease in some of its stages, or things infected by such sick persons, to carry it from place to place. These three factors naturally suggest the methods of combating the disease, for which there is needed practical work, international, national, inter-State, State and local. So far as relates to State and local boards of health, their organization and activities are greater than ever before; but it must be admitted that after cholera has been introduced into a country, inland quarantines are not easily and successfully maintained, although efforts in this direction are then advisable. In view of the threatened introduction of cholera into this country during the coming year, and the immense waste of life and property values which would thence result through derangements of commerce, trade and productive industries, it is the sense of this Conference that the general government should maintain such a National health service as shall, by rigid inspection at the port of embarkation, ascertain the condition, as to disease and infection, of all persons and things from infected districts, and secure the surveillance of such persons and things while on shipboard, and, when necessary, their detention at quarantine stations on this side for treatment and disinfection.

In view of the present threatening aspect of Asiatic cholera, and the constant danger from other communicable diseases occurring at foreign ports having commercial relations with the United States, we urge upon Congress to provide for the appointment and maintenance of medical officers of health, at all foreign ports where cholera, yellow fever, plague, small-pox or other epidemic contagious or infectious disease exists or threatens, such officers being either accredited consuls or attached to the consulates. The duties of these officers shall be: To give notice, by telegraph when practicable, of the existence or appearance of any of the above named diseases to some constituted authority in this country; to give notice of the departure of any vessel known or suspected to be infected, for any port in the United States; and, whenever requested by the master of any vessel about to load or leave for this country,

to inspect thoroughly such vessel in all her parts, and also her cargo, her crew and passengers; to use such cleansing and disinfection as he may deem necessary, and to satisfy himself that all persons about to sail are free from dangerous communicable diseases, are not recently from infected places, and are properly protected from small-pox, giving to her commander a certificate of the inspection and of all precautionary measures taken. And it shall be the duty of the central authority in this country to promptly transmit intelligence of the existence of the above mentioned diseases at foreign ports and places, and of the departure of dangerous vessels for the United States and Canada, to all State and local health authorities in the country which may be interested in the same. We further recommend, in case of those foreign ports which have no consular agents of this country, or no telegraphic communication with this country, and which are liable to transmit pestilence through commercial intercourse, that one or more medical officers be chosen to visit such ports as often as may be deemed necessary by the central health authority in this country, so as to give trustworthy information of the health and sanitary condition of those places.

Inasmuch as the Dominion of Canada is equally interested with the United States in protecting itself and the United States from the importation of dangerous diseases, we suggest that Congress take such measures as will bring about concerted action with the Dominion and the British government, by which the consuls of this country or of England at foreign ports shall examine and take such action as they may deem effective, and notify the authorities of such government as has authority over any port to which any ship may sail in the United States or Canada, in order that such government may be in a position to take effective measures against the importation of these diseases. We are gratified that the authorities of the Dominion of Canada and of the Province of Ontario have taken active steps toward protecting the people of Canada, and, indirectly, those of the United States, by the adoption of judicious quarantine regulations. We feel, however, that with respect to those regulations regarding the landing of passengers from the mail steamers along the St. Lawrence, etc., further special regulations for the thorough disinfection of the baggage and effects of all passengers, cabin or steerage, who come from infected ports or places, should be carried out in a manner similar to that recommended by the National Board of Health. Believing that the importation of cholera into this country has usually followed the arrival of immigrants from infected countries, we therefore recommend that all such immigrants be prevented from landing at our ports until such time as the danger of the introduction of cholera by them shall have passed.

The inspection and quarantine service inaugurated by the National Board of Health, and set forth in the paper of Dr. Smart before this Conference, but which system is now inoperative for want of an appropriation by Congress, meets with our cordial approval. To enable these protective measures to be carried out, we recommend that Congress be urged in the strongest terms to legislate on this subject at an early date in its coming session, and to appropriate such funds as may be needful. The expenses incident to the work which

has to be performed at foreign ports, and the establishment of refuge stations at points on our coast for the detention and treatment of infected vessels arriving from foreign ports, should undoubtedly be borne by the National government, and not by individual States or municipalities; for the benefits accruing therefrom are general and not restricted to localities, although some ports and cities on the coast may have a more immediate interest in the matter than others in the interior.

It is probable, however, that this National protective work may not be sufficient. It will, undoubtedly, delay and lessen the chances of invasion, but it may not suffice to prevent invasion; the poison of the disease is subtle, and may effect an entrance into the country at some unguarded point. The funds necessary for stamping out the disease in a particular locality, and for preventing its spread to other localities, might in some instances be borne by the municipality or State affected; but should the disease occur in a locality which has failed or is unable to make provision for the occurrence, its spread to other cities and States would be imminent. The want of means at the infected point would be disastrous to many others. Congress has recognized the necessity for aid to State and local boards of health under similar conditions in the case of yellow fever. In 1879 the sum of \$500,000 was appropriated and placed at the disposal of the National Board of Health; and the records show that of this sum \$160,000 was wisely and successfully employed in combating the epidemic of that year. We therefore recommend that the influence of this Conference be used with the view of having appropriated by the National Legislature the sum of \$500,000, to be used, or as much thereof as may be needful, in case of a cholera invasion, in stamping out the disease from the infected localities, and in preventing its spread from State to State.

The removal of local unsanitary conditions favorable to the development of cholera is the especial work of State and local boards of health. Much has been done already in some States, but much remains which should receive immediate attention. Where it can be done, State sanitary inspectors should be appointed to visit all towns and cities specially liable to the disease, to counsel with the local authorities as to the best methods of prevention. This work should be vigorously prosecuted before the disease reaches our shores. Health officers and inspectors appointed by State or Provincial boards of health should, in addition to other sanitary work, see that the localities have set apart, erected or planned to be set apart or erected, structures which shall possess the sanitary requirements of an isolation hospital. But as regards all necessary work by local boards of health, most State and Provincial boards of health have already printed and issued documents which give ample instruction.

The cause of cholera is contained in the discharges from persons affected by the disease or in things infected by such discharges. Should the disease reach our shores, the first case, and after this the first case which reaches any given community, should be strictly isolated; all infective material from these and from any subsequent cases should be destroyed in such manner as to stamp out the disease. Intelligent sanitary precautions beforehand and scientific dis-

infection and treatment in the presence of the disease, should take the place of the inevitable cruelties of a panic. In case any city or town is infected, the same principles of isolation should in general be applied to the city as to the infected individual. Intercourse with other cities and places should be under sanitary supervision, substantially as set forth in the rules and regulations of the National Board of Health, respecting the inspection of travelers, disinfection of effects, vehicles, etc.

Your committee recommends that when this Conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next; and that the Secretary of this Conference be directed to invite the attendance at that time of the quarantine officers and health officers of the principal cities in the United States and Canada, and that all delegates to that meeting be prepared to report the sanitary status of their States or localities, and what steps have been taken to improve the same and to prevent the introduction of disease.

All of which is respectfully submitted.

HENRY B. BAKER,
JOHN H. RAUCH,
H. P. WALCOTT,
P. H. BRYCE,
S. S. HERRICK.

The report was discussed at length, chiefly in a spirit of commendation, and especially as to the importance, and the best methods of securing action on the subject at an early day in the next session of Congress. After the discussion had been carried on for some time, Dr. Chancellor (Md.) said he believed in the majority ruling, and if it should appear that most of the States endorsed the recommendations of the committee, he also would vote for them.

On a formal ballot being taken all the States voted for the approval of the report save Minnesota, the representatives of that State making the point that the paper was so important that more time should be taken for its consideration.

After making arrangements for the order in which the Conference and the individual Boards should make their reports to the American Public Health Association on the following day, the Conference adjourned to meet in Washington, D. C., on Wednesday, December 10th, next.

ENDORSEMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The draft of recommendations for practical work to be done to prevent the entrance and spread of cholera in the United States was presented to the American Public Health Association, on behalf of the National Conference of State Boards of Health, at the Wednesday afternoon session of the Association.

Drs. Hunt, of New Jersey, and Devron, of Louisiana, favored the adoption and publication of the recommendations by the Association.

Dr. Pinckney Thompson, of Kentucky, considered internal quarantine or sanitary cordons of very little use in stamping out cholera when the disease had once effected an entrance into the country.

Hon. Erastus Brooks, of New York, moved that the communication be endorsed by the Association, printed, and copies be forwarded to the President of the United States and his Cabinet, and to each of the Senators and Representatives in the National Congress.

Dr. Watson (N. H.) moved as an amendment that a sufficient number of copies of this report be sent to the health officers of the different cities, to the Secretaries of the various State Boards of Health, and to the officers of the Dominion of Canada and of the Provincial Board of Ontario.

The motion, as amended, was adopted.

ADJOURNED MEETING NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

PURSUANT to adjournment from the St. Louis meeting the National Conference of State Boards of Health met at the Ebbitt House, Washington, D. C., on Wednesday, December 10, 1884. The meeting was called to order at 10 o'clock, a. m., by the President, the Hon. Erastus Brooks, of New York, and the following delegates answered to the roll-call:

CHARLES WM. COVERNTON, Government of the Dominion of Canada.
 FREDERICK MONTIZAMBERT, Chief Quarantine Officer, Dominion of Canada.
 A. B. LAROQUE, Health Officer, Montreal, Can.
 WILLIAM CANNIFF, Health Officer, Toronto, Can.
 C. A. LINDSLEY, State Board of Health, Connecticut.
 SMITH TOWNSHEND, Health Officer, District of Columbia.
 J. T. MCFARLAND, Health Officer, Savannah, Georgia.
 JOHN H. RAUCH, State Board of Health, Illinois.
 E. S. ELDER, State Board of Health, Indiana.
 W. L. BREVFOGLE, State Board of Health, Kentucky.
 J. N. MCCORMACK, State Board of Health, Kentucky; Secretary of the Conference.
 S. S. HERBICK, State Board of Health, Louisiana.
 S. R. OLIPHANT, State Board of Health, Louisiana.
 CHARLES W. CANCELLOR, State Board of Health, Maryland.
 JAMES A. STEUART, Health Officer, Baltimore, Md.
 HENRY P. WALCOTT, State Board of Health, Massachusetts.
 S. W. ABBOTT, State Health Officer, Massachusetts.
 A. F. HOLT, Surgeon General, Massachusetts.
 S. H. DURGIN, Board of Health, Boston, Mass.
 HENRY B. BAKER, State Board of Health, Michigan.
 CHARLES N. HEWITT, State Board of Health, Minnesota.
 J. C. HEARNE, State Board of Health, Missouri.
 JOSEPH SPIEGELHALTER, Board of Health, St. Louis, Mo.
 W. B. OUTTEN, Representing Missouri Pacific Railway System.
 J. W. JACKSON, Representing Missouri Pacific Railway System.
 J. C. CRANE, Nebraska.
 IRVING A. WATSON, State Board of Health, New Hampshire.
 EZRA M. HUNT, State Board of Health, New Jersey.
 ERASTUS BROOKS, State Board of Health, New York; Chairman of the Conference.
 WILLIAM M. SMITH, Health Officer Port of New York.
 J. H. RAYMOND, Commissioner of Health, Brooklyn, N. Y.
 A. C. MERCER, Board of Health, Syracuse, N. Y.
 THOMAS F. WOOD, State Board of Health, North Carolina.
 C. W. ROWLAND, Health Officer, Cincinnati, O.
 A. H. IDDINGS, Health Officer, Dayton, O.
 CROSBY GRAY, Health Officer, Pittsburg, Pa.
 F. W. GERMER, Health Officer, Erie, Pa.
 J. FORD PRIOLEAU, State Board of Health, South Carolina.
 H. B. HORLBECK, Health Officer, Charleston, S. C.
 G. B. THORNTON, State Board of Health, Tennessee.
 J. BERRIEN LINDSLEY, State Board of Health, Tennessee.
 CHARLES MITCHELL, Board of Health, Nashville, Tenn.
 WILLIAM PENNY, Board of Health, Galveston, Tex.
 J. G. CABELL, Board of Health, Richmond, Va.
 T. A. HARRIS, State Board of Health, West Virginia.
 JAMES E. REAVES, State Board of Health, West Virginia.
 J. T. REEVE, State Board of Health, Wisconsin.

At the request of the Chairman, the Secretary read from his official call for the meeting the following paragraphs:

“At the conclusion of the report on the Prevention of Epidemic Cholera in America during the meeting of this Conference at St.

Louis, Mo., on the 13th and 14th of last month, and after urging upon Congress in the strongest terms its duty to enact such legislation and to appropriate such funds early in its coming session as will prevent the importation of this disease to our shores, it was resolved, that when this Conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next, and that the Secretary be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their States or localities, and the steps taken to improve the same, and to prevent the introduction of disease.

"In accordance with that instruction, you are cordially invited to attend the meeting of the Conference, which will convene at the Ebbitt House, Washington, D. C., at 10 a. m., December 10th, and you are requested to be prepared to make such a report of the sanitary conditions and regulations of the territory under your jurisdiction as is contemplated by the above request of the Conference.

"The gradual extension of cholera in Europe, the serious outbreak of the disease in Paris since the adjournment of the Conference, and the well-known fact that it has never prevailed in that country as an epidemic without reaching our Continent, coupled with the knowledge that our National government is taking no efficient precautions to prevent its importation, give great importance to the results of this meeting, and it is hoped will secure your attendance and coöperation."

In announcing the meeting open for the transaction of business in accordance with the above, the Chairman stated that the objects of the present session of the Conference were—First, To hear reports from states and cities as to existing sanitary conditions. Second, To consider the best measures for the prevention of cholera in the United States and Canada.

Concerning the latter he said that the record of mortality caused by the cholera, even in the past few months, was startling. Little or no preparation had been made to meet the disease in Paris or London, although it had prevailed for a whole season in the south of France, and had swept away thousands of lives which might have been saved by proper precautions. What is done in the State and in the United States in the form of preparation for the worst should be done quickly. Every citizen in his own home and place of business should become at once a practical sanitarian. In the four cholera visitations at New Orleans, between 1832 and 1855, the deaths numbered 51,300. This fearful warning after a long time proved equal to the necessity of proper sanitary organizations to meet and fight the disease if it comes again. Whatever the causes or sources of this evil, public and private duties are now made so plain that they cannot be neglected, and must be enforced.

"We regret" he said, after referring at length to the importance of preparing to meet the cholera, "to read the statement of Dr. Hamilton, the supervisor-general of the marine hospital Service, made far in advance of the present meeting of this Conference, that 'the Health Boards now here in session in Washington, said all there was to

say at St. Louis.' We also regret Dr. Hamilton's statement that the more recent conference of 'sanitarians in New York city, decided that they wanted no more governmental aid than is now being provided.'

"Such was not the judgment, conclusions or record of either of the two bodies in session at St. Louis in the month of October. Nor was it the judgment of the conference of sanitarians held two weeks since in the city of New York. Upon the contrary, these three bodies, composed of practical sanitarians, expressed the opinion that more and better work could be done by the National government to arrest, and if possible, prevent the appearance of a fatal calamity than had hitherto been accomplished.

"While it may be self-conclusive to a single officer of the government that his own work is complete, and that all other advice, knowledge and assistance is uncalled for or unnecessary, it is the judgment of your presiding officer, and he presumes of this conference, upon the best information to be obtained, that in a crisis like the present a more enlarged, liberal and comprehensive system of health administration is necessary for the country than is at the present time provided for by Congress or by any officer or department of the government.

"In our judgment the Nation and the States, municipalities and towns, by wise health laws, government and methods of administration can and should not only shut out the spread of cholera, but largely and humanely secure the general health, comfort, and prosperity of the people. These governmental authorities are largely distinct from each other, and therefore require distinct authority, according to the recognized power of each department, to act in one spirit and with one purpose to secure the good of all.

"Precisely what the sanitarians assembled in New York asked from Congress, and from this National body through its appeals to the Federal Legislature, is set forth in the following one of a series of resolutions by them adopted:

1st. It is the duty of the General Government to provide at all foreign ports from which emigrants may embark a thorough sanitary inspection by a competent medical officer, of persons, baggage, and cargo leaving such ports.

2d. The coöperation of the National Government, in so far as to require its representatives at foreign ports to prevent any infected cargo from being shipped, and to inform the quarantine authorities at the port of destination, in the most speedy manner possible, of any sickness on board of vessels at the place of departure of an infectious, contagious or suspicious character, and of persons or cargo on board from cholera-infected localities.

3d. The coöperation of the General Government with the maritime quarantines, by requiring its representatives to furnish bills of health of all vessels bound to ports in the United States, which bill of health shall give a full statement of the conditions of the port with reference to the diseases of the character mentioned, of the crew and passengers on board, and of the measures taken to secure a good sanitary condition of the vessel while at the port of departure.

4th. The enactment of a law punishing masters of vessels who fail to bring United States consuls bills of health from ports where there is a representative of the United States, and to compel, under penalty, the complete isolation of cases of infectious or contagious diseases.

"The broad principle was also laid down that cholera could be and ought to be excluded from the United States by quarantine laws and their proper execution. But an administration like this for practical safety requires capable persons, constant vigilance, complete material and equipments and willing obedience to wise

authority. And such I understand to be the objects of legislation to be asked for by the representatives of the State health and local boards now assembled at Washington."

At the conclusion of the Chairman's address, on motion of Dr. Walcott, of Mass., the following standing committees were appointed:

On Federal Legislation:—Drs. Walcott, of Massachusetts, Smith, of New York, Rauch, of Illinois, Herrick, of Louisiana, Baker, of Michigan, Mr. Brooks, of New York, and Dr. McCormack, of Kentucky.

[This committee was subsequently enlarged by the addition of Drs. Hearne, of Missouri, Wood, of North Carolina, Chancellor, of Maryland, Elder, of Indiana, Thornton, of Tennessee, and Covernton, of Canada.]

On Matters pertaining to the Hygiene of States:—Drs. Watson, of New Hampshire, Hunt, of New Jersey, Hewitt, of Minnesota, Thornton, of Tennessee, Hearne, of Missouri, and Covernton, of Canada.

On Municipal Hygiene:—Drs. Raymond, of Brooklyn, McFarland, of Savannah, Durgin, of Boston, Breyfogle, of Louisville, Montizambert, of Quebec, Spiegelhalter, of St. Louis, and Mr. Rowland, of Cincinnati.

The President suggested that the Committee on Federal Legislation should consider the subject of reduction of postage on all documents relative to public health issued by State authorities.

The roll was called by States for papers and propositions and the reference of the same to appropriate committees. Dr. Elder, of Indiana, presented a communication from the board of health of that State, in regard to the reorganization of the National Board of Health, which was referred to the Committee on Federal Legislation. Dr. McCormack, of Kentucky, offered a draft of a bill providing for the organization of a new National Board of Health and defining its powers and duties, which was referred to the same committee.

Mr. Brooks, of New York, presented the following communication from the Sanitary Conference, held in New York city, November 20th, 1884:

To the National Conference of the State Boards of Health:

Upon the invitation of the Health Officer of the Port of New York, Dr. William M. Smith, the following named physicians and health officers met in the rooms of the Board of Health at No. 391 Mott street, New York city, November 20, 1884:

Dr. S. OAKLEY VANDERPOEL, ex-Health Officer of the Port of New York; Hon. ERASTUS BROOKS, of the New York State Board of Health; Dr. DURGIN, President of the board of health of Boston; Dr. R. M. WYCKOFF, of the Brooklyn board of health; Dr. THOMAS F. ROCHESTER, of the Buffalo University; Dr. STEPHEN SMITH, State Commissioner of Lunacy, New York; Dr. C. A. LINDSLEY, of the Connecticut State Board of Health; Dr. J. E. RICHARDSON, of Brooklyn; Dr. W. DE F. DAY, Sanitary Superintendent, New York city; Dr. E. H. JANES, Assistant Sanitary Superintendent, New York city; Dr. EZRA A. HUNT, Secretary of the New Jersey State Board of Health; Dr. CYRUS EDSON, of the New York city board of health; Dr. J. F. CONKLING, of Brooklyn; Dr. E. M. MOORE, President New York State Board of Health; Dr. W. H. THAYER, of Brooklyn; Dr. WILLIAM M. SMITH, Health Officer of the Port of New York.

Hon. Erastus Brooks presided and Mr. John C. Collins acted as Secretary. Dr. William M. Smith stated the object of the meeting to be to consider—

First.—The measures necessary to prevent the introduction of Asiatic cholera into New York and contiguous communities; and

Second.—The measures necessary to prevent its extension, should it develop in our seaboard cities, or adjacent localities.

After full discussion of both subjects the opinion prevailed that measures to prevent the spread of cholera, should it develop in the seaboard cities of adjacent localities, should properly be left for consideration to State and local boards of health, and to the National Conference of State Boards of Health to assemble at Washington in December.

The following resolutions were then adopted:

Resolved, That a vigilant quarantine of sanitation at our maritime quarantines ought to prevent the introduction of cholera.

Resolved, That the following measures are necessary to secure a successful quarantine against cholera:

[These are quoted in the address of the Chairman—see *ante*.]

Resolved, That the Chairman be requested to present a copy of the foregoing resolution to the National Conference of State Boards of Health to meet in December, and also to the President, signed by the Chairman and Secretary.

WHEREAS, The State has been liberal in the appropriations for the erection of suitable buildings for a quarantine establishment; and whereas from their location and character they are necessarily perishable; therefore—

Resolved, That it is the imperative duty of the State to maintain their efficiency, and with that view an appropriation should be made yearly to put the vessels and buildings in thorough repair.

Resolved, That it is the opinion of this conference that a liberal support of the quarantine station in New York Harbor is essential to the protection of the public health from the invasion of cholera and other pestilential diseases.

Resolved, That the Legislature be requested to place in the hands of the quarantine authorities full powers for meeting the special dangers of the invasion of cholera by such appliances as science has proved to be necessary.

Resolved, That copies of the foregoing resolutions be presented to the Governor and the Legislature under the authority of the State Board of Health.

Resolved, That as, in invasions of epidemics, the various highways of travel have so often been the media for their spread, we earnestly call attention to the need of an active sanitary administration on the part of all railroad and other transportation companies, concerning the condition of cars, stations, latrines, etc.

ERASTUS BROOKS, Chairman.

JOHN C. COLLINS, Secretary.

The communication was referred to the committee on Federal Legislation.

Dr. W. M. Smith, Health Officer of the Port of New York, read a paper in regard to the Failure of the Maritime Sanitary Regulations to Prevent the Introduction of Contagious Diseases into this Country. Dr. Smith gave a summary of the statistics of immigration from 1890 to the present year. He stated clearly the relations of the subject of immigration to the introduction of infectious diseases, illustrating the liability of the immigrant to be the medium of such communication in consequence of his habits at his departure, during the voyage, and at his arrival. The imperfection of present regulations was shown, and the comparative value of consular bills of health as contrasted with those of local authorities.

He emphasized in strong terms the need of better trained and experienced medical officers on board transatlantic steamers, who should supervise the sanitary condition of ships, their cargoes, crews, and passengers, and all matters pertaining to the hygiene of sea-going vessels. The bad condition of affairs on ocean steamers, he said, arises from the fact that the owners are not American citizens, and, as a rule, they are indifferent. He dwelt upon the dangers of bringing infectious diseases into this country unless coercive measures are adopted. On many of the lines steamers have now isolated hospitals, but the surgeons are very frequently found to be incompetent and their diagnosis of contagious diseases and their preventive treatment are often a complete failure. The reason of this is that the pay of surgeons is small and in consequence they are principally young men who want to see the world before settling down to the practice of their profession. To correct this defect he

urged that ship surgeons be appointed after an examination by a competent board, and that their salaries and tenure of office be made the subject of proper regulations.

"As legislation on this side of the Atlantic can effect no change directly in the personnel of the medical staff of a foreign mercantile marine, except as it authorizes the infliction of penalties by the health authorities at the maritime ports for such omissions of duty as endanger the life and health of passengers, other measures should be considered with a view of securing a radical change and improvement in the medical force of the transatlantic passenger steamship companies trading at our principal ports.

"A committee appointed by some sanitary organization, such as the American Public Health Association, for correspondence, and, if it shall be thought best, conference with persons or organizations of kindred character and purposes in Europe, will be a long step in the way to secure the desired result. This subject has already been discussed in England by those who are enlisted for reform. Coöperation with sanitary organizations, or their representatives in this country, will not only be acceptable to them, but will encourage and strengthen their noble endeavor."

Dr. Covernton, of Canada, heartily endorsed the paper just read. An epidemic of small-pox now prevailing in Ontario, had its origin from an infected emigrant allowed to land through the inefficiency of the ship's surgeon.

The paper was referred to the Committee on Federal Legislation.

Before adjourning for the noon recess the Secretary announced an invitation from Surgeon Billings, U. S. A., to visit the Army Medical Museum, where specimens of the comma bacillus and bacillus tuberculosis, received from Dr. Koch, were on exhibition.

During the recess the members proceeded in a body to the Department of State, in response to an invitation from Secretary Frelinghuysen, to whom the delegates were severally introduced by Medical Director Gihon, U. S. N. Accompanied by the Secretary the members proceeded to the White House at the request of President Arthur. Secretary Frelinghuysen presented the members to the President, and the purpose of the visit to Washington was stated in a brief address by Mr. Brooks, who explained that the object of this meeting of the Conference was to consider methods for preventing the importation of Asiatic cholera into and preventing its spread in this country, and that the gentlemen composing this body were practical sanitarians, representing the existing health organizations in twenty-four States of the Union, with four delegates from the Dominion of Canada. As soon as they had sufficiently considered them they would present their views to Congress, asking such legislation as seemed to be demanded by the exigencies of the times, and expressed the hope that the President would favor the purposes they had in view.

Both President Arthur and Secretary Frelinghuysen responded in cordial words of welcome and interest in the objects of the Conference, and promised every assistance in their power in aid of the movement. The President said that the State and Treasury departments were just now engaged in preparing new rules regulating the

importation of rags from foreign countries, so as to reduce to a minimum the danger of bringing cholera and other contagious and infectious diseases to our shores through this article of commerce, and would be glad to have all the information they could obtain on the subject. He suggested that the Conference appoint a committee to advise with the Secretaries of these departments in regard to this matter, which he was informed would be done.

At the close of this interview an invitation was received from the Secretary of State and from Secretary McCulloch, of the Treasury department, for a business presence and discussion as to proposed measures of legislation and the work needed from Congress and from the Executive to prevent the introduction of cholera into the United States, and the best methods of meeting the scourge if it should force its way into the country.

The Secretary of the Treasury invited the committee on Federal action to meet him at his office in the Treasury building, and the Secretary of State at his rooms in the State department. Secretary McCulloch expressed the deepest interest in the subject of imported rags in connection with quarantine laws and regulations; upon the proper disinfection of old rags when coming from infected ports or places, and upon proper officers and proper times and places for disinfection and examination.

The strong statement was made in a dispatch from Augustine Smith, of New York, to the President of the Conference, that there was no evidence, or statement by authority, that cholera had ever come through or from imported rags, nor had the scourge broken out in any paper mill of the country. The correctness of this statement being questioned by the Secretary of the Treasury, and reference being made to the superintendent of the Marine department, Dr. Hamilton, in charge of Federal quarantine work, who was present, stated that small-pox had come into the country by the importation of old rags. The judgment of all present was that imported old rags ought to be disinfected either at the place of departure, or landed in some safe place for disinfection in the United States before their distribution. Dr. Smith, health officer of the port of New York, one of the seven members of the committee, in response to questions from the Secretary of the Treasury, took the most prominent part in this discussion.

At the conclusion of this Conference the Secretary placed in the hands of the committee the following paper or circular for their consideration and approval, and invited further advisement upon the subject:

MEMORANDUM PREPARED BY THE SECRETARY OF THE TREASURY CONCERNING THE
IMPORTATION OF RAGS.

No old rags shall be landed in the United States except upon disinfection, as provided for in this circular.

Either the following processes will be considered a satisfactory method of disinfection of old rags, and will entitle them to entry and to be landed in the United States upon the usual permit of the local health officer:

1. Boiling in water for two hours under a pressure of fifty pounds per square inch.
2. Boiling in water for four hours without pressure.
3. Subjection to the action of confined sulphurous acid gas for six hours, burning one and a half or two pounds roll brimstone in each 1,000 cubic feet of space, with the rags well scattered upon racks.

Disinfection in the bale by means of perforated screws or tubs, through which sulphur dioxide or superheated steam at a temperature of not less than 350 degrees, shall be forced under a pressure of four atmospheres for a period sufficient to insure thorough disinfection.

Old rags may be landed and stored at such places as may be fixed by this department for the purpose of undergoing any of the processes of disinfection before named, and, upon the completion of such process to the satisfaction of an inspector of customs and the local health officer, the rags may be delivered to the importer or consignee.

Old rags may be subjected to disinfection by either of said processes in any other country where this department may appoint an inspector to superintend the same, whose certificates of such disinfection shall be authenticated by a United States consular officer according to Department Circular No. 61, of April 22, 1884.

The Secretary of State took the deepest interest in the subject before the Conference, and with his chief assistant secretary assisted the committee throughout its sessions in framing the proposed law. Section 6, giving extraordinary power to the President of the United States "in the event of any sudden emergency threatening the importation of contagious diseases into the United States from any foreign country," was framed by or recommended by the Secretary of State himself, and was subsequently adopted by the committee and the Conference.

Arrangements were made for further consultation on the subject between Secretaries Frelinghuysen and McCulloch and the Committee on Federal Legislation.

AFTERNOON SESSION.—The Conference was called to order at 3 p. m., the President, Mr. Brooks in the chair.

By request of the Conference, Dr. Geo. M. Sternberg, U. S. A., Chairman of the Committee on Disinfectants appointed by the American Public Health Association at its recent meeting at St. Louis, made a statement of the work being done by that Committee. The Committee had been divided into two sub-committees—one to determine by biological experiments the value of certain commercial disinfectants, and the other to formulate rules for the practical application of such of these as were found to be reliable germicides.

The experimental work, in charge of Dr. Sternberg, is conducted at the Biological Laboratory of the Johns Hopkins University at Baltimore. The work at present being confined to the examination of commercial disinfectants, the first test employed is a given quantity of beef tea, a definite amount of each disinfectant being used in the performance of the test, after which it is proposed to employ well recognized disease-germs, such as the bacillus of anthrax, etc. Many of the popular disinfectants have already been tested, such as Squibb's coal-tar disinfectant, with the following results:

Substances.	Per cent. in which active.	Per cent. in which failure.
Little's Soluble Phenyl.....	2	1
Labarraque's Solution (liq. sodæ chlorin).....	7	5
Liquor zinci chloride (Squibb's).....	10	7
Feuchtwagner's Disinfectant.....	10	8
Phenol sodique.....	15	10
Platt's Chlorides.....	20	15

Table—Continued.

Substances.	Per cent. in which active.	Per cent. in which failure.
Gowndin Disinfectant.....	25	15
Williamson's Sanitary Fluid.....	25	20
Bromo-chloralum.....	25	20
Sculbb's solution of impure carbolic acid.....		50
Buchard's Disinfectant.....		50
Listerine.....		50

These results show that the well-known Labarraque's solution, when of proper strength, is one of the most valuable disinfectants in the market. The only article in the list which proved to be more efficient, is Little's Soluble Phenyl, but this is more expensive, and is objectionable on account of its insolubility, and for other reasons.

Dr. J. H. Raymond, of Brooklyn, made a brief statement from the other sub-committee. Sulphur, sulphate of zinc and copperas are the disinfectants in most common use in this country. The germicidal power of sulphur was well established, but the best means of using had not been determined. By the aid of Profs. Vaughn and Leeds, experiments were now being conducted as to most efficient method of using disinfectants upon such articles as furniture and clothing, and in the disinfection of houses. He had reason to hope that this work would result in conclusions of permanent value on those important questions.

Dr. Rohé, the secretary of the committee, stated that a circular letter asking for financial aid in order to permit the prosecution of the work contemplated, had been forwarded to State and municipal boards of health, and other sanitary organizations. Responses to this appeal had been encouraging, and four hundred and twenty-five dollars had been contributed. The committee estimated that about one thousand dollars would be needed to complete the work. Further contributions were asked for.

Dr. Reeves, of West Virginia, offered the following preamble and resolutions, which were read and referred to the Committee on Federal Legislation:

WHEREAS, The sanitary interests of the citizens of the United States demand that the medical service upon ships engaged in the transportation of passengers to and from our ports be conducted in an intelligent and efficient manner; and,

WHEREAS, Serious defects exist in this service from the want of proper control and of properly paid and duly qualified medical officers; therefore,

Resolved, That in the opinion of this Conference there should be established an International Committee, whose duty it shall be to supervise the medical and sanitary interests of passengers upon the high seas, and to decide upon the standard of qualifications of medical officers entrusted with the care of such interests.

Resolved, That the Secretary of State of the United States be respectfully requested to invite the principal maritime nations to unite with this country in the establishment of such International Committee, and, at the proper time, to appoint three members to represent the sanitary interests of the United States on said committee.

REPORTS UPON SANITARY CONDITIONS AND MEASURES.

The Chair announced that the Secretary would call the roll of States in alphabetical order, and delegates would report briefly the sanitary conditions of their respective localities, and the measures

adopted therein for the prevention of the invasion and spread of Asiatic cholera. In the following résumé, only so much of the manuscript reports, subsequently furnished to the Secretary, is given as pertains to these subjects.

CONNECTICUT.—"Early in the year the State Board caused to be issued a circular relating to the expected invasion of cholera; and giving instructions to the local boards as to the best means of protecting the public from it, or limiting the spread of it, if it should reach us. Later a more urgent appeal has been sent to every town, pressing upon those who are responsible for the public health, the duty of having their health boards immediately organized for active work. * * * I believe I am justified in reporting that during the present winter such effort will be made throughout the State in removing the unsanitary conditions which may now exist as will put us in a fairly good condition to meet the enemy. And if we do not succeed in wholly excluding it from our borders, our people will at least be so well instructed as to control it and limit its destructive power to the minimum. * * * The threatened invasion of cholera has had a salutary effect upon the public mind everywhere with us. The people are more ready than ever before to give heed to those precautions which are necessary to their safety. I believe if the dreaded pestilence comes, it will not find us altogether unprepared"—C. A. LINDSLEY, M. D., Secretary State Board of Health.

GEORGIA.—The quarantine station of this port (Savannah) is twelve miles distant in an air line from the city, with buildings and wharfage erected on an oyster reef or island. The quarantine regulations are very stringent, having been enacted with special view to the prevention of the introduction of yellow fever, and are rigidly enforced. * * * The natural advantages of Savannah are good, and the sanitary policing of the city is excellent, the streets and lanes being kept clean at all times. * * * The municipal authorities have taken no special steps with reference to the expected visitation to the United States of cholera, but will continue to demand the most rigid compliance with all ordinances promoting cleanliness of the city and surroundings; and of quarantine regulations, especially that of thorough disinfection and cleansing of vessels, cargoes, and the clothing, bedding, etc., of crews or passengers from infected or suspected ports."—J. T. McFARLAND, M. D., Health Officer, Savannah.

ILLINOIS.—"This Board has given the subject under discussion its serious attention for some time. The published proceedings of the Board show that as early as March, 1883, the probable spread of cholera was then under consideration, and during the spring and summer of that year, with such contingency in view, the condition of the Chicago river and the Illinois and Michigan canal, with reference to the Chicago water-supply, and the disposal of Chicago sewage as affecting the cities and towns along the line of the canal, were made the subjects of a report to the Governor of the State, and of communications to the Mayor and Health Commissioner of Chicago. In response to circulars issued July 3, reports have already been received from some 420 cities, towns and villages, setting forth their sanitary conditions, detailing the recent efforts made to improve them, and furnishing copies of existing health laws and ordinances for suggestions as to their amendment. As soon as the weather will permit, a systematic sanitary survey will be begun in the southern portion and carried northward with the advancing season; so that by the first of May the sanitary condition of every dwelling in all its belongings, of all premises, outhouses, wells, cisterns, and other appurtenances, may be made known, the remedy of defects be pushed, and the cooperation and authority of the State Board be exerted wherever necessary to supplement the efforts of the local authorities. Responses have also been received from all the important railway companies operating in the State, regarding their buildings, grounds, passenger cars and other matters. Should it become necessary a sanitary supervision of railway and steamboat travel within the confines of the State and upon its boundary lines will be established and exercised by the Board; and in this, as in other matters affecting the public health, there is assurance of hearty cooperation from these important interests. Public institutions, State, county and municipal, either have been already inspected, or are now undergoing inspection, and the remedy of defects thence disclosed is being prosecuted as far as practicable. An effort will be made during the winter to secure some amendment of the Board of Health Act, and the General Assembly will be asked for the appropriation of a sufficient sum, as a contingent epidemic fund, to place Illinois in a condition to take care of itself if the General Government fails to discharge its obvious duty of providing an adequate National health service."—JOHN H. RAUCH, M. D., Secretary State Board of Health.

INDIANA.—"On the first of July last our Board issued a general order for a thorough cleaning of all cities and towns and places near inhabited dwellings. This order was served upon every local board within the State, and was generally obeyed. The continued increase of cholera in Europe induced the Board to issue a special cholera circular on the first of August, accompanied by an imperative order to local boards to at once place their respective jurisdictions in a good sanitary condition. At the same time full and explicit directions were given for disinfection, quarantine, etc. Orders were also served at the same time upon every chief railroad official, whose lines of railroad touched our State, to place their properties in good sanitary condition and exercise the utmost precaution against their roads being either an avenue through which cholera could be introduced, or their depot grounds or cars becoming a nidus for the development or propagation of diseases. And an order was also served upon hotel keepers to place their houses in a sanitary condition and keep them so. These orders were generally obeyed promptly and cheerfully, and a thorough disinfection and cleaning was the result. Thus our State was placed in a much better hygienic condition than ever. Yet we are fully conscious that there is yet room for much improvement, and we are constantly urging through the public press and by letters and circulars the absolute necessity of thoroughly cleaning and keeping clean the cities and towns. During the past three months we have issued and distributed five thousand special cholera circulars, twelve thousand preventive disease circulars, twenty-five hundred reprints of the proceedings of the Conference

of this body at St. Louis, together with five hundred copies of Dr. Ranch's address. We have held six sanitary conventions; have caused a sanitary survey to be made of every prison and county asylum in the State, together with all of the State institutions for the insane, idiots, reform school for boys, etc., beside many private institutions, and are now causing a sanitary survey made of every city and town in the State, and every railroad depot and grounds. So that we feel justified in saying that Indiana is in as good a sanitary condition as any of the surrounding States. However, we appreciate the fact that much can yet be done in the line of sanitary work, and we are pushing the work. We are well aware that our State is peculiarly exposed to the danger of cholera infection if it should reach America. We have suffered severely in each of the epidemics that has prevailed in America, the disease having reached us in 1832, 1848, 1849, 1852, 1854, 1866 and 1873."—E. S. ELDER, M. D., Secretary State Board of Health.

KENTUCKY.—"On the confirmation of the first reports of the outbreak of cholera in Europe during the past summer, the State Board of Health at once began the use of every means at its command to induce local boards of health and the people themselves to prepare to resist an invasion of this disease. * * * A circular of instruction and warning was sent to the health and civil authorities in every city, town and hamlet in the State; and, through the columns of the secular and religious press, which has warmly seconded every effort we have made, these circulars were infinitely multiplied and introduced into every reading family in the State. * * * This was followed by systematic efforts to secure perfect organization in every town and county until no health or civil official under our jurisdiction has escaped our admonition, or can claim that his duty, and the importance and methods of discharging it, have not been laid before him in the strongest and plainest terms of which we are capable. In order to gain information for this report, and to again call attention to the subject, a second circular was issued two weeks ago—calling for reports as to the steps taken—'Looking to the removal of the unfavorable sanitary conditions.' * * * 'Conceiving it to be my duty to this Conference to state the results of this labor as plainly and unreservedly as has been our custom as a Board in dealing with our own people, I will say that these results have fallen far below our expectations. Exceptions must be made in the case of local boards of health in a few instances, but, as a rule, it may be said that little or nothing has been attempted at all adequate to the emergency. This is certainly true of Louisville, which I have recently inspected personally, and of other important towns about which I have been able to gather reliable information. About cholera reach this country, sanitary inspectors will be sent out by this Board to every section to urge and assist in the work of preparation, and every other agency at our command will be employed in the same work.'—J. N. MCCORMACK, M. D., Secretary State Board of Health.

LOUISIANA.—"In the month of May, 1884, soon after the present organization of the State Board was effected, it was decided to invite a conference with the boards of adjoining States, for the purpose of considering measures of quarantine protection against foreign pestilence. Accordingly, on June 2, representatives from the State boards of Alabama, Mississippi, Texas, Louisiana and Tennessee, and from the local boards of Pensacola, Fla., and the Gulf counties of Mississippi, met at New Orleans and held a three days' session—the proceedings at which have already been published in full. * * * 'The appearance of cholera in Europe in the spring of 1884, led to the following resolution, introduced by Dr. Salomon and adopted by the State Board of Health, July 9th. Whereas, cholera is known to exist at Toulon and Marseilles in epidemic form, therefore, be it resolved, That the President of this Board instruct the quarantine officers at all the quarantine stations in the State, to detain all vessels coming from said ports, or any other ports where cholera may exist, until further orders from this Board.' On the 17th of July, Dr. Joseph Holt, President of the Board, issued a proclamation based upon the foregoing resolution, and ordering that 'all vessels, together with their crews, passengers and cargoes, arriving at the several quarantine stations of the State from the French ports of Toulon and Marseilles, and from any ports that may hereafter become infected with cholera, be detained for observation and disinfection, until such time as, in the opinion of this Board, it may be safe to allow them to enter the port of New Orleans. The quarantine officers at the several stations, are especially charged and directed to enforce strictly the execution of this proclamation.' * * * 'Moreover, particular care is exercised in the inspection of vessels at quarantine from all European ports, which is made only by daylight; and such vessels are kept under surveillance of the Inspector of Shipping while in New Orleans. Up to the present time no vessel actually or presumably infected with cholera has yet arrived, though several from French and Italian ports have been detained from a few hours to two days for inspection and observation. It is proper to add that, since the appearance of cholera in France this year, only one emigrant vessel has arrived at this port from the Mediterranean. During the latter part of November and beginning of December, the Board of Health has consulted with the city authorities and the Auxiliary Sanitary Association, with the view of taking early steps to improve the sanitary condition of New Orleans.' * * * 'This consultation has been carried on privately, since it has been thought advisable not to alarm the public mind by showing grave apprehension of danger. The object is, to commence the house-to-house inspection at an early day, so as to have the whole city front and the most thickly populated localities in good sanitary condition before the return of hot weather. The city authorities evince a lively interest in the matter and a willingness to do all that the financial situation will permit; but they aver that they can not contribute more for carrying out this work until they begin to realize upon the revenues of 1885. At present the sanitary police, on whom devolves the work of making the house-to-house inspections, and the serving and enforcing orders for the abatement of nuisances, is limited to 9 men. This number will probably soon be increased to 15. The city authorities also promise, at the beginning of 1885, to remedy the present neglected condition of the streets, gutters, drainage canals and other places falling under the jurisdiction of the commissioner of public works, and to make an appropriation for purchase of disinfectants and meeting whatever emergency may arise from an actual outbreak of cholera. In this last event, or should the danger become imminent, the Board of Health will issue instructions for household sanitation, having special reference to choice and preparation of food and drinks, dress, exposure to weather, removal

of refuse matter, early medical relief to any derangement of the alimentary canal, and and effective disinfection of suspicious discharges. It may be observed, in this connection, that rain water, stored in cisterns, is almost exclusively used in New Orleans for drinking and cooking purposes, which fact is a great safeguard against the whole class of filth diseases. There is no underground sewerage, and the old privy-vault system remains; but the law now requires these vaults not to exceed two feet in depth under the surface, to be water-tight, and to be emptied by odorless apparatus. The contents are dumped into a closed boat, which is discharged into the river below the city limits.—S. R. OLIPHANT, M. D., Member; S. S. HERRICK, M. D., Secretary State Board of Health.

MARYLAND.—“It is gratifying to report that an increased interest in sanitary matters has been awakened among the people of Maryland. Until lately they entertained a very inadequate conception of the laws of health; now there is an obvious tendency to a deeper and more enthusiastic interest in everything that pertains to the protection of the public health. The immunity of our State from epidemic or pestilential diseases, has however had the effect to reduce the appropriations for the State Board of Health to almost *nil*. Unfortunately, the better we do our work the less our services are appreciated. In preventing disease, boards of health destroy the food upon which they exist, and are then looked upon, by the average legislator, as useless and expensive bodies. Within the last year the aid of the State Board of Health has been invoked in various communities of the State in suppressing nuisances and in investigating the causes of prevailing diseases, and its action has in every instance been productive of good results. One case is particularly interesting and worthy of mention.” This was an outbreak of typhoid fever in Elkton, Md., attributed to a polluted milk-supply.—C. W. CHANCELLOR, M. D., Secretary State Board of Health.

Baltimore.—“This city is in an “excellent sanitary condition and quite prepared to keep out, if possible, the dreaded cholera-Asiatica, and to cope with it should it elude, in spite of our care, the vigilance of the health officer at our quarantine station. The station has recently been removed to a position seven miles distant from the city, and is now thoroughly equipped with every modern appliance. Our sanitary laws are being strictly enforced, and every possible source of disease removed.” * * * “The privy-well system, which like so many of our sister cities still exists in Baltimore, will in the near future I am confident be done away with, and a proper system of separate sewerage be adopted. The few remaining pump wells must also go, as Baltimore is supplied now with a superabundance of pure and wholesome water.”—JAMES A. STEUART, M. D., Commissioner of Health.

MASSACHUSETTS.—“The State is represented at this Conference by Dr. H. P. Walcott, Chairman of the Health Committee of State Board of Health, Lunacy and Charity, and Dr. S. W. Abbott, Health Officer of the Board; also by Dr. S. H. Durgin and Dr. A. F. Holt, representing the boards of health of Boston and of Cambridge. We are aware of the important position which Massachusetts holds, with reference to the introduction of contagious diseases from abroad. Of the several cities on the sea-board, Boston only holds an important rank as an immigrant port. This port is efficiently guarded by a well-regulated system of quarantine. The health-officer has visited a portion of the cities of the State with reference to investigation as to their present sanitary condition, and will continue his investigation throughout the cities and principal towns of the State for the same purpose. Everything will be done that is within the power of the State Board to do, to aid in the work of placing the State in the best possible condition to ward off pestilence, and also to combat it, should it once appear within the borders of the State.” * * * “Circulars were issued last summer and sent to local boards of health, physicians and others generally throughout the State, and also for publication in the daily and weekly newspapers of Massachusetts.”—S. W. ABBOTT, M. D., State Health Officer.

Boston.—“The efforts of the [city] board have been more successful and attended with less delay on the part of landlords and tenants than usual during the last few months, on account of the cholera epidemic abroad and the fear of its visiting this country. We hope to take still more advantage of this state of public apprehension to rid our city of its thousands of unnecessary privy-vaults and cess-pools, extend our sewers, fill up the low water-covered spaces, place all private courts and alleyways in the charge of the city, and to make many other sanitary improvements which in ordinary times could not be done. Our death rate this year from all causes will be 22+ per 1,000, the percentage from Zymotic diseases 23+, the percentage of deaths under 5 years of age 37+, and the percentage of deaths from diarrhoeal diseases to total mortality 8.8.”—S. H. DURGIN, M. D., Chairman Boston Board of Health.

Cambridge.—“Soon after the cholera appeared in France last summer, and the danger of its coming here was being discussed by sanitarians, the board ordered a careful house-to-house inspection.” This has been completed and many defects and unsanitary conditions have been remedied. “Should cholera appear in this country in the coming summer, this work of inspection will be again taken up and prosecuted in the most intelligent and thorough manner.”—A. F. HOLT, M. D., Health Officer.

MICHIGAN.—“The fact that the Michigan Board of Health has for some time been trying to educate local boards and the people as to what they may well do for the prevention and restriction of typhoid fever, by cleanliness of towns, and by protection of the water-supply from all sources, and that it has recently enlarged its work in this direction, has done something to prepare the way for the needed instruction with regard to cholera. Taking advantage of the popular interest in the subject, the Michigan Board distributed last summer to local boards of health and others a large edition (20,000 copies) of a document calling attention to the real sources of danger from cholera, and to proper means for preventing and restricting it; and this distribution was supplemented by the preparation of a special circular on the subject which was issued by the Commissioner of Railroads to all railroad officials, agents, and employees in the State. At least one city in the State has reprinted and distributed to its own people our general cholera document, as a means of educating the people to the duty of the hour.” * * * “I hope I have not overdrawn my statement of the preparation in Michigan for the coming of cholera, and of the efficiency of the health service of the State. There is yet much ignorance of what should be done, and of what has been done to prevent sickness. There

is much apathy among the people, inefficiency and indiscretion on the part of officers; but there has been improvement in the direction in which all public-health work must take to be lasting and complete, namely, in the education and instruction of the people; and it is believed that in most intelligent communities in Michigan there is an educated sentiment with regard to dangerous communicable diseases, which sentiment is capable on demand of doing much toward controlling cholera should it appear. The increased and increasing facilities of communication between local boards and the State Board improve the situation. The success already attained encourages us to look to the further training of local boards, and the more general education of the people for the accomplishment of one great end in view, namely, the ridding the State of dangerous communicable diseases. Except in certain cities and villages where special charter provisions may conflict with the general law in Michigan, local boards of health and their own expenses, including the salaries of the health officers; and yet in an emergency requiring prompt and unusual expenditures they are likely to be crippled for want of the 'shoos of service,' because of there being no money in the treasuries upon which their orders must be drawn. In some localities there might be danger that, because the burden was a local one, an unfortunate economical policy might prevail; and while great epidemics of cholera do not usually occur where there is not also a large population to bear the expense of controlling them, yet the correct principle would seem to be that dangers which threaten many should not be left for the few to battle with unaided. When, in 1879, Congress appropriated \$500,000 as a contingent epidemic fund, to be used at the discretion of the President, if necessary to prevent the introduction or spread of contagious diseases, I believe it established a precedent which might well be followed by State legislatures. The expenses attending the stamping out of a local outbreak of an epidemic disease which threatens the State or the Nation may well be provided for by the State or Nation; and if such provision has not been made by the State or National legislatures, the people will know where to charge the blame in case unaided local authorities shall be found incapable of successfully battling with such an outbreak. We do not make cholera or small-pox in Michigan; we have not yet learned how. And if we could be protected against the introduction of dangerous communicable diseases from other countries and other States, or if we were allowed to protect ourselves by such a tax on suspected travelers as would pay the expenses of an adequate inspection service, we would ask little or nothing of the general government. But situated as we are on the great highways of immigration to the whole Northwest, and having a port (Port Huron) second only to New York in number of immigrants received, we justly feel that the power which claims the exclusive right to tax the immigrant should bear the expense of the needed inspection, which would not be for the benefit of Michigan alone or chiefly, but for the benefit of a large portion of our country."—HENRY B. BAKER, M. D., Secretary State Board of Health.

MINNESOTA.—"The State Board of Health of Minnesota has direct communication with twelve hundred (1200) local authorities in the State, who compose the local boards of health, or who appoint such boards. In the event of the occurrence of epidemic disease in the State, this board has certain powers defined in the statutes of the State, which express the duty and intention of the Board, should occasion demand the exercise of the authority so imposed. This Board has called a conference of State with local boards of health at the Capitol in January, 1885, at which time it is proposed to consider what further legislation, local as well as State, is necessary for the more efficient organization of local boards of health, and the performance of local sanitary work. At the same time, a popular sanitary council will be held in the evenings for the consideration of sanitary questions, water supply, the disposal of garbage, excreta, etc. Impending and possible epidemics will receive due consideration. As respects the contingency of epidemics, the Governor and this Board have asked of the Legislature an epidemic fund, similar to one voted two years ago, to be disbursed by the Governor on requisition of this Board. We have further asked that this Board be made the guardian, with local boards, of the water supply of the State, and with them have control of offensive and dangerous trades, which legislation will probably be had, with an increase in the appropriation for the Board." * * * "From this brief statement may be inferred the preparation made by Minnesota for the prevention and control of epidemic diseases, including Asiatic cholera."—C. N. HEWITT, M. D., Secretary State Board of Health.

MISSOURI.—"Numerous county boards of health and medical societies have sprung up since the organization of our State Board. In the early spring we prepared a circular giving full information as to the establishment and management of these boards, which met with general favor throughout the entire State. We got a great deal of valuable information and support from these organizations at this time." * * * "On account of not having a sufficiently large appropriation, we have been somewhat hampered, and have worked under great disadvantages, but with the present prospect of cholera making its appearance in this country, we are confident that our legislature will give all the money that is necessary to fully carry out our line of action, and thus give greater security to the public health against contagious and epidemic diseases."—J. C. HEARNE, M. D., Secretary State Board of Health.

St. Louis.—"The St. Louis board of health has not been idle in preparing for the threatened visit of Asiatic cholera; at the same time we trust that this Conference will succeed in convincing Congress of the necessity of a National authority to guard our sea coast by a strict maritime quarantine. We consider it the duty of the National government to protect the country against the invasion of epidemics, and to see that, if the barriers established at the sea coast should prove inefficient to keep an epidemic from our shores, the measures taken by state authorities should be uniform and not interfere with the interstate commerce. In order to prepare the city for the advent of cholera, if it should come, we propose to inaugurate a house-to-house inspection as soon as the money necessary to carry it out is provided by the city government. This inspection is intended to include the close examination of houses, cellars, yards and alleys, the condition of the plumbing, the water closets, sewer connections, etc. An ordinance has now been introduced providing for a board of plumbing examiners and the appointment of three inspectors of plumbing who shall be practical plumbers. The city is very well

sewered and our sewer system is as perfect as any in the country." * * * "Our water works furnish excellent water." * * * "We have, however, a good many wells in the city which may become a source of danger during an epidemic. An ordinance is now before the municipal assembly, which will give the board of health the power to close any and all wells which are subject to or suspected of contamination with sewage. Heretofore the water of a well had to be analyzed before the board could condemn or close the well. We have also introduced an ordinance which requires all burials of persons, who died of contagious or infectious disease, to be private and to take place within 18 hours after death. Physicians are required to report all cases of contagious or infectious diseases to the Health Commissioner at once." * * * "In case of an epidemic our board of health has extraordinary powers to suppress and confine the disease, and we intend to make free use of them if cholera should appear in our city."—JOSEPH SPIEGELHALTER, M. D., St. Louis Board of Health.

NEW HAMPSHIRE.—"During the past season we, like many other State boards, issued a circular setting forth the liability of cholera in this country, even in our own State, and have urged upon persons and local boards of health the importance of sanitary work. The disease once invaded our State, and the result was several deaths in the city of Manchester, so we feel that although among the granite hills and fertile valleys of northern New Hampshire, we are not beyond its dangers. The subject of maritime quarantine, about which, in addition to Dr. Smith's excellent and able paper, much has been said at this meeting, is one of interest to our State, for we have within our borders the port of Portsmouth with its navy yard at which twenty-six vessels landed during the past year from foreign ports. While this may be regarded as a diminutive affair, it presents some liabilities which at least give us no small interest in maritime quarantine. Interstate quarantine is also a matter which comes within our consideration from the fact that Maine upon our east and Vermont upon our west borders have no State health departments. [A State Board of Health has since been organized in Maine.] Many emigrants during the winter months land at the port of Portland and are shipped directly through the northern portion of our State into Canada and the West by the Grand Trunk Railway, hence a portion of our State is exposed, in a small degree perhaps, to the dangers that are brought to any community by emigrants from infected localities abroad."—IRVING A. WATSON, M. D., Secretary State Board of Health.

NEW JERSEY.—The Secretary of the State Board of Health, Dr. Ezra M. Hunt, made a brief verbal report of the preparations made and the precautions which would be enforced in the event that Asiatic cholera should make its appearance on this Continent.

NEW YORK.—"The cities of New York and Brooklyn contain nearly two million of the five millions of people in the State. All the 224 villages and nearly all of the one thousand towns have local boards of health. Constant and earnest efforts are made by the State Board, through correspondence, reports, and in the work of experts and inspectors, chiefly local, to perform necessary local work. The best public opinion is largely in sympathy with this kind of work and the result after four years' education and experience is almost a revolution in the progress made in popular knowledge and official practice. The State appropriates but \$20,000 yearly for the State Board, but the great cities make more satisfactory provision for their own more important examinations. The State Board is always ready with advice, instruction and, as far as possible, with material aid and assistance." * * * "Much of the work in New York comes from executive reference and direction and an important part of it also from State legislation when seeking information as to drainage, sewerage and diseases. In regard to the possible and expected coming of the scourge of cholera, the State at large, the Board hope, is as well prepared as possible to meet the disaster, so far as relates to warning, information and constant vigilance. The consequences of neglect are fully known. The duty of all connected with corporations, factories, work-hops, families, homes and persons is too plain to need report or discussion. The members of the New York State Board will endeavor to perform their duty, and trust to the people, stimulated and directed by a wise Providence, to perform their obligations as citizens of the State."—HON. EBRASUS BROOKS, State Board of Health.

Brooklyn.—Dr. J. H. Raymond, Health Commissioner of Brooklyn, presented an elaborate report upon the sanitary conditions of that city—its water supply, ponds, privy vaults, disposal of night soil, sewerage system, Italian quarters, lodging houses, laundries, food supply, etc.; and upon the preparations and provisions to meet an invasion of cholera—medical inspection, hospitals, quarantine, etc. In closing his report, Dr. Raymond submitted "to the Conference for its consideration and ratification, if approved, the following propositions: *First*.—That all surface wells should be closed at the earliest possible moment, and that great care should be taken that the water supply of all cities, towns and villages shall be of undoubted purity. *Second*.—That all privy vaults should be abolished wherever water-closets can be supplied, and that wherever the existence of such vaults is necessary that they should be rendered water-tight in such a manner as to prevent the saturation, not only of the ground surrounding them, but also of the materials of which they are built, and that the contents of such vaults should be kept constantly disinfected, and removed to a proper place at frequent intervals. *Third*.—That all stagnant ponds should be disinfected, and when possible the water removed by drainage or pumping, and the further accumulation prevented by filling with fresh earth or other material free from garbage or other filth. *Fourth*.—That great care should be exercised to keep at all times clear and free from obstruction all sewers, into which passes the refuse from dwellings, factories and other buildings, and that such examinations should be made as will detect imperfect plumbing in all buildings, and the defects immediately corrected. *Fifth*.—That extraordinary care should be exercised in reference to all tenement houses, lodging houses, and in general, all places where large numbers of human beings congregate, that no accumulation of garbage or other filth be permitted in cellars or yards, and that frequent and thorough cleaning and whitewashing of such structures be required; and that householders should frequently and thoroughly examine their yards, cellars, closets and other out-of-the-way places, to see that no filth of any kind has been deposited there. *Sixth*.—That the food supply be vigorously watched to exclude from the market all un-

wholesome meat; all milk adulterated or from diseased animals; and all unripe fruits and vegetables; and that cow-stables be kept, at all times, clean, well white-washed and free from all excremental accumulations. *Seventh.*—That all garbage, kitchen and household refuse should be promptly removed from dwellings, stores and other buildings to a proper place where it may be destroyed by fire or otherwise disposed of in such manner as to occasion no nuisance. *Eighth.*—That such material should never be used in the filling of lots or disposed of by throwing the same in streets or on vacant property where it may decompose and exhale offensive and deleterious gases. *Ninth.*—That in view of the practical results reported by that eminent sanitarian, Edwin Chadwick, Esq., C. B., the authorities of all public institutions, and individuals as well, have their attention drawn to the great importance of the personal cleanliness of those committed to their charge, as one of the most efficient means of warding off an attack of cholera, and of reducing its force when once it has appeared. *Tenth.*—That all authorities of States, cities or villages be urged to adopt measures which will result in the amelioration of all conditions such as have been referred to in the foregoing propositions, with the warning that in the opinion of this Conference such conditions, if permitted to continue, will greatly promote the spread of cholera when it comes, and with the assurance that if requisite measures are promptly taken to remove them, the disease will be less likely to attack a community so prepared, and if attacked such a community will be better able to cope with the disease and to reduce its ravages to a minimum."—J. H. RAYMOND, M. D., Health Commissioner.

Syracuse.—"In dealing with cholera questions in Syracuse, we have acted, and shall continue to act, for the present at all events, in accordance with accepting as a fact the 'greatest probability' as to the genesis of cholera. In doing so we feel we shall act with more decision and accomplish much more telling practical work. We shall then continue to act upon the belief that the genesis of cholera in a new place depends upon the fact that bacilli, perhaps the comma-shaped bacilli of Koch—specimens of which were kindly shown us yesterday by Surgeon John S. Billing— or perhaps some other of the schizomycetes, have been carried from the intestine of an individual ill with cholera by some one or more of countless means and finally through the mouth to the intestine of the newly-afflicted person. Therefore we shall try to prevent the germs entering our city. * * * we shall try to furnish them as small an amount of soil as possible in which they may grow and multiply. * * * and we shall try to kill the germs if they find their way into Syracuse by the use of such germicides as we expect Dr. Sternberg, so soon as he is able to do so, to suggest as the result of his laboratory work in the Johns Hopkins biological department; and at the same time we shall give proper attention and care to the sufferers in whom the germs may be resident."—A. CLIFFORD MERCER, M. D., Health Officer.

NORTH CAROLINA.—"As far as the machinery of our Board is concerned, it has many good points. It provides a Superintendent of Health for each county, and this officer in our sparsely settled counties can easily fulfill the functions of sanitary supervisor and physician. The law provides that he shall be a physician legally authorized to practice. Our endeavor is to get from the next Legislature such amendments as will give the Superintendent an adequate salary for work in each county. If this can be done, and an appropriation is given to the State Board, as I believe it will, we shall have some showing for an organization against cholera. We do not feel much alarm about cholera and epidemics in general in North Carolina. Over a hundred years ago Cornwallis brought small-pox into the State, and we were somewhat exempt until Sherman brought it in in 1865. For fifty years we have had no cholera except three sporadic cases, which occurred in Wilmington in 1868. But as all evils bring good to somebody, I trust that the threatening of cholera invasion may stimulate the next Legislature to add the whole work we have undertaken, and supply us with a contingent epidemic fund." * * * —THOMAS F. WOOD, M. D., Secretary State Board of Health.

OHIO.—The Health Officer of Cincinnati reported upon the general sanitary condition of that city—its water-supply, sewerage, privy vaults, meat and dairy inspection, etc. "The sanitary force of twenty men is divided, so that a sufficient number attend promptly to all cases of contagious disease; the rest are attending to the inspection of houses, yards, cellars and premises, and the abatement of nuisances. For this purpose, the city is divided into districts, one inspector being assigned to each, and it is made the duty of each to inspect houses, measure depth of vault contents, etc., and to report the result in writing each morning. The cleaning of our streets and removal of garbage are not satisfactory, largely because the Board of Public Works is not provided with sufficient funds to do the work properly. This would be our greatest danger in case of the advent of cholera; but should such emergency arise our Board of Health would appeal to the public for the means with which the cleaning of streets and alleys, and the prompt removal of garbage would be secured. I do not doubt that our citizens would promptly and cheerfully respond to such an appeal. Mr. Chairman, permit me to say in conclusion that my disabilities, as a layman, are greatly mitigated by the fact that you are also numbered with me."—C. W. FOWLER, Health Officer.

Dayton.—Supplementing a detailed sanitary history of the city, the health officer added: "Dayton being an inland city will of course not be expected to perform any special or direct work in the way of National quarantine. If cholera can develop in the United States only by transportation from foreign countries, our complete protection will depend upon the efficiency of the coast quarantine. It is therefore highly important that a more perfect understanding of international quarantine be obtained, and that a more rigid enforcement of the law be employed. With a critical application of a thorough system of international quarantine, a uniformity of interstate action and sanitary vigilance upon the part of the municipal authorities, we may reasonably anticipate a very modified form of the disease, if we do not escape it entirely. Such local or immediate quarantine and protection as may be necessary to the modification or prevention of cholera in the city of Dayton will be promptly employed and rigidly enforced. Realizing the danger to which our vault system exposes us, we will endeavor to procure such change and improvement in the system as the circumstances will permit. In case cholera should reach Dayton we will not be wholly unprepared for it. The citizens have been and will continue to be, from time to time, warned of the probability of the introduction of cholera. Circulars relating to diet, care and attention to the system in health as well as the symptoms and treatment

of the primary stage of the disease, will be placed into the hands of every one. The location for hospitals, together with plans for their general operation and management, has been fully considered. Taking all things into consideration, Dayton may be considered as being fairly prepared for the anticipated epidemic."—A. H. IDINGS, M. D., Health Officer.

PENNSYLVANIA.—Since the date of the meeting a State Board of Health has been established, but at the Conference only the cities of Pittsburgh and Erie were represented. Crosby Gray, health officer, furnished a paper upon the "Present and Prospective Sanitary Condition of Pittsburgh;" and Dr. Germier, of Erie, since appointed President of the newly-created State Board of Health, made the following remarks: "Our city was visited long before others by the Asiatic cholera in June, 1832. A woman died on board of a ship, which was taken to quarantine in 'Misery Bay,' where several others died. The woman came from Quebec and washed the clothing of her husband, who had died during the voyage from the old country. The citizens got pretty well scared and opened a shot-gun quarantine and permitted nobody to land. After that the cholera appeared in other lake cities. In 1834 another case was reported. In 1873 a whole family got sick with symptoms of Asiatic cholera, and created quite an excitement. By a close examination, I found that they had eaten pork full of trichinae spiralis, and, after giving their pork and sausage to the scavenger, the disease made no more trouble, but the people got a little suspicious about certain kinds of pork." * * * "We had two small-pox epidemics in 1872 and 1882, breaking out in our rag-shops, and I ordered a wholesale vaccination. There used to be an old-fashioned Pennsylvania pest-house in our city, which fitted exactly Dante's inscription over the portals of hell: '*Lasciate ogni speranza, voi che entrate!*'—You'd better make your will, and give up all hopes of recovery, before you go in there!" I disinfected that horrible institution one evening, with ten gallons of petroleum and a match. We have now a new hospital for contagious diseases and two other good hospitals; besides these we have the great marine hospital building, which cost over \$100,000, and was never used for anything. In case of emergency our skating-rinks would also make pretty good cholera hospitals. The better houses are all provided with modern sanitary improvements. The few old privy vaults I disinfect generally with a wheelbarrow full of gas lime, fresh from the gas factory. This will disinfect the contents of the vault, and at the same time spoil every well within a radius of 100 feet, and give the people a fair warning not to drink such water. This is a very cheap disinfectant for such purposes; a great many of the other disinfectants don't amount to more than a prayer-meeting against the grasshoppers in Kansas. If we want to disinfect, it is no use to do it in a homeopathic way, for at Naples, in Italy, and at Colima, in Mexico, hundreds are dying with cholera and yellow fever in spite of the near volcanoes which are filling the air with sulphur and smoke. Sanitary science is still a baby, but growing rapidly. We have a great many rich communities, where the people think they have reached the highest point of civilization if they have a hose cart and fire engine, and where the sanitary officer is regarded as an unnecessary appendage to the local government. The people in general do not realize to what extent public health depends upon the man who has to fight the milk-diluter, the poisoned-candy maker, the counterfeiter of butter, and the importer of rags and other articles which destroy or shorten human life. I hope the time is coming when every intelligent community will not only appoint a health officer, but furnish him also with a good microscope and chemical apparatus for his researches. It is no use to fill such places with retired politicians. Our consuls in foreign countries ought to have decent salaries, to enable them to watch the ships leaving for America, and to see that no contagious diseases are brought to our country. Young, well-educated physicians would answer for that purpose. We want a National Board of Health composed of wide-awake men, and there will be work enough to keep them busy."—ED. WM. GERMIER, M. D., Health Officer.

SOUTH CAROLINA.—"Our State Board of Health * * * has paid special attention to the quarantine regulations of the State, supervised all the stations, repaired most of them, and has purchased a site on Buzzard's Island and erected buildings thereon. Recently it has given much attention to the cholera question, has published circulars which were sent to each of the sub-boards and scattered broadcast in the State, by which they endeavored to impress upon these boards and the public that an epidemic might be prevented altogether or greatly mitigated by proper attention to cleanliness in person, premises, water supply—cleanliness in everything. The sanitary condition of the State is good so far as the cities and towns are concerned, but the condition of the interior is not so good. The sub-boards have not as yet become acquainted with the benefits which their reports afford, and consequently these reports are not as numerous and regular as could be wished. A system of vital statistics has been provided. All the charitable and penal institutions have been visited. Sanitary inspectors' reports have been made—in a word we have earnestly and faithfully endeavored to discharge all the obligations imposed on us by our health laws. We are now, and, until all danger is past will continue to be, actively engaged in warding off the threatened epidemic of cholera, and in preparing to combat it, should it appear within the limits of our State."—J. FORD PROLEAU, M. D., State Board of Health.

CHARLESTON.—"The present sanitary condition of Charleston is excellent and the mortality for the month of November among the whites exceptionally low, being under 20 per 1,000. It is not so, however, with the colored race; from their improvidence they suffer very much more, and no provision being made by them for the care of the helpless of their race, either old or young or sick, many succumb to disease which would not otherwise suffer." * * * "Charleston is exceptionally well situated for the disposal of deleterious matter, being on a tongue washed by salt water on three-fourths of its area. There has been ordered, and is now being carried out, a careful house-to-house sanitary survey of the city, including cesspools, privies, drains and surficial deposits. A daily written report is received from our sanitary inspectors, and all collections of filth are removed and places disinfected." * * * "The scavenging system is most efficient. The carts being owned by the city, are used in the early morning for the removal of garbage, and in the afternoon for the city hauling work. Every day the garbage is up before midday. Very stringent orders have been given and are enforced at quarantine, the administration of which is under the Board of Health of Charleston. All vessels

arriving from France, Italy, Spain, and ports of the Mediterranean are thoroughly cleansed and disinfected with bichloride of mercury, and then fumigated with sulphur fumes. All foreign vessels whatever are very carefully examined." H. B. BOMBECK, M. D., Health Officer.

TENNESSEE.—Tennessee is perhaps as ready to meet an invasion of Asiatic cholera as any of the United States. As far back as 1833 an intimate acquaintance with this scourge of the nineteenth century was formed. Lovely country towns like Shelbyville were decimated, while its capital city, Nashville, ranked with Lexington, Kentucky, most noted among all the cities afflicted. In 1873 twenty counties, extending from the south-western frontier bordering on the State of Mississippi to the north-eastern line coterminous with Virginia, were laid waste. The Tennessee public knows full well the brief but emphatic logic of history. Never has Asiatic cholera prevailed as an epidemic in Western Europe without crossing over to America. Never has it reached America without disolating Tennessee. The great epidemic of 1873 deeply impressed the entire Tennessee community. The authorities were called upon to establish boards of health, looking to the prevention or at least the mitigation of epidemics. The city governments of Nashville and Memphis soon responded to this demand, and in March, 1877, the General Assembly created the State Board of Health with limited powers and no funds. In 1878 happened one of the most remarkable chapters in all the weird history of epidemics. Memphis, once the city of refuge for the stricken people of New Orleans, became the scene of woe and suffering, not surpassed by the vivid pictures of Thucydides, Boccaccio or DeFoe. Tennessee, by nature a paradise, became known to all the world as the theatre of yellow fever in its worst form, received the sympathy of Christian prayer in the hamlets and villages, towns and cities of the Great Republic, and such overflowing relief in money as never yet has been surpassed for promptitude and whole-heartedness. This terrible lesson was not without its compensation. In March, 1879, the General Assembly enlarged the powers of the State Board of Health and endowed it with means sufficient to make these powers effective. Likewise the National Legislature awoke from its long lethargy and created a Board of Health, March 30, 1879, in harmony with the powers and usages of the local or State boards then rapidly multiplying. The ink was hardly dry upon these respective statutes before the second great Memphis epidemic broke out and demonstrated the wisdom and practical utility of such machinery for applying the resources of sanitary science to the wants of populous communities. The National Board and the State Board co-operated with perfect harmony. Terror was averted. The tender mercies of Christian charity, and the magnificent resources of medical skill were extended without stint to the afflicted, and the epidemic did not spread. As a result of this deeply significant chapter in recent epidemiology the people of Tennessee have great confidence in boards of health, State and National. They look to these boards as official exponents of medical and general science in relation to the prevention of disease. They are ready to follow the advice and directions of these organizations promptly and thoroughly, knowing full well that in common with all branches of theoretical and practical science, the God-like art of healing has made astonishing advances since the epoch of 1831. The Tennessee State Board of Health, appreciating the heavy responsibility resting upon it, because of the popular confidence it enjoys, immediately upon the news from France early in July last commenced its work of preparation. Ten thousand copies of carefully prepared circulars were sent out so as to reach each one of the magistrates and other civil functionaries in the State. Every physician, pharmacist, dentist and clergyman was also supplied. Said circulars have been widely copied by the leading newspapers and thus the entire community has been awakened. Systematic correspondence has been opened with mayors of over one hundred towns in the State, and with the chairmen of all the county courts, looking to the speedy organization of local boards. Encouraging responses are rapidly coming in pledging immediate action. Hence it is safe to believe that in case Asiatic cholera should once more visit the University State of the South, that it will be met with the calm self-reliance becoming a people blessed with Christian hope and the splendid resources of modern science."—J. BERRIEN LINDSEY, M. D., Secretary State Board of Health.

Nashville.—"The reports of the representatives of the various cities have thus far been very gratifying. The sanitary condition of all of them is represented as being nearly perfect. I wish that I could make a like favorable report of the city that I have the honor to represent; but the facts will not warrant me in doing so, and if I comprehend the object of this Conference, we want nothing but plain naked facts, without embellishment or evasion." * * * "The sources of greatest danger with which we have to contend, exclusive of foreign invasion, are, 1st, An impure water supply—2d, Imperfect and insufficient sewage, and in consequence thereof, privy-vaults, cess-pools, etc. Our water supply is from the Cumberland river, which stream flows through the city and would furnish comparatively pure water, if drawn some distance above the city." * * * "As to the 2d source of danger, I would say, that all of the sewers in the city, except these built during the past three years, are worse than none, being simply trenches cut in the ground and covered with slabs, earth or rough masonry. With this relation of facts, it is not difficult to understand why Nashville has always been a sufferer whenever cholera has invaded this continent. The board of health is doing everything possible to encourage and facilitate the construction of approved sewers, and wherever they are built, property owners are compelled to clean, fill up and discontinue the use of their vaults, and connect their premises with the sewer by a water-closet arrangement. In localities where sewers cannot probably be built for sometime, all surface and hilly privies are condemned and owners compelled to construct vaults not less than three feet deep, three feet long and one and a half feet wide, (inside measurement when complete), walled up with stone or brick laid in hydraulic cement, so as to hold water and securely retain its contents."—CHARLES MITCHELL, M. D., Health Officer.

Memphis.—Dr. G. B. Thornton, member of the State Board of Health and president of the local board, spoke briefly upon the general sanitary improvements in Memphis, with which he presumed most sanitarians had already made themselves familiar. The water supply and the reclamation of the Gavoso bayou and Wolf river, were not yet satisfactorily adjusted. The "Taxing District" would rely, for the exclusion of cholera, upon the

same agencies which had been resorted to with reference to yellow fever during the past four years—namely, as good a sanitary condition internally as could be obtained and a rigid system of inspection during the danger season and of quarantine upon the first suspicious symptoms.

TEXAS.—In the absence of the State Health Officer, an interesting description of Galveston was furnished by Dr. Penn, who closed his remarks by saying that "an opinion prevails here that cholera cannot become epidemic; this opinion is based upon the fact that when it prevailed in the interior of the State that it did not spread in Galveston; but the conditions are entirely different here now to what they were when cholera last visited this State. There is nothing being done in the way of preparatory work in local sanitation, although an enormous amount of work is needed. Should cholera make a lodgment on this Continent, money will then be furnished to do the work that should be done at this time."—WILLIAM PENNY, M. D., Health Officer, Galveston.

VIRGINIA.—Dr. J. G. Cabell, Health Officer of Richmond, said that the annual appropriation of \$10,000 made by the city authorities was not sufficient by half. The city at present is in a filthy condition. He said the death rate among the colored population was so large as to excite the pity and commiseration of the whole community. He attributed it not to constitutional peculiarity, but to poverty.

WEST VIRGINIA.—Dr. J. E. Reeves, of the State Board, said that, in spite of the statement of the health officer of Wheeling, recently made in the public press, to the contrary, the sanitary condition of Wheeling was low deplorable. The refuse of 12,000 people was emptied in and about the head of the water supply of the city. He had endeavored to cultivate a cholera fright, and he believed that the effect would be good, and that the source of the water supply would be moved three miles up the river beyond the point of contamination. Last year the total expenditure for sanitary purposes in Wheeling was the magnificent sum of \$327. He had recommended that women be appointed as inspectors in each ward, and he believed this would have good results.

WISCONSIN.—"With regard to the cholera, this Board, in August last, issued a 'Cholera Circular,' packages of which were sent to the health boards * * * in every part of the State. This circular stated the prevalent fear that cholera would reach this country, and urged general measures of sanitation, both private and public, as measures of prevention. The same circular was sent to the newspapers of the State, and by them multiplied many thousands of times, so that it reached a very large proportion of the reading people of the State. It was also sent to railway officials, with a special circular addressed to them urging cleanliness about stations, cars, etc., both in the interests of the public from a sanitary standpoint, and in their own interests from a pecuniary standpoint. All of these circulars were regarded and stated to be preliminary to additional ones, to be issued should cholera appear in this country. Among the more noticeable items of sanitary work recently done in Wisconsin, I may mention that in one of its cities—the city of Green Bay, which contains a population of 9,000 to 10,000—the future construction of privy vaults has been prohibited by ordinance. This city has no public water supply, and the facilities for the drainage of a large part of it are bad. The sanitary authorities, recognizing the fact that this season its wells were in great danger of pollution, and not feeling strongly enough entrenched to order the entire abolition of privy vaults, have, nevertheless, positively prohibited the construction of any new ones on private premises, and have filled up those connected with public buildings, substituting for them the dry-earth system. Wisconsin has recently suffered from small-pox, which was brought to it in a way that suggests the possibility that cholera or any other contagious disease may first develop itself in an inland State in the persons of emigrants, in whom the presence of infection may not be recognized at the seaboard. In this case an emigrant family had landed from a German steamer, had passed the port of entry without detention or suspected danger; yet within two days after arrival the father and, following him in rapid succession, other members of the family came down with small-pox. The lesson taught by such cases is the need of constant vigilance on the part of health officers at all places where emigrants to this country first land, lest not only small-pox but cholera come to us of the interior in infected persons, clothing or baggage."—J. T. REEVE, M. D., Secretary State Board of Health.

DISTRICT OF COLUMBIA.—"Washington is an inland city, and must be guarded against exotic diseases by inspecting railway trains, as the water entrance is protected by the quarantine station near Cape Charles. We place more reliance, however, on the strict enforcement of our local sanitary regulations than on quarantine. The germs of disease may escape the observation of the most vigilant quarantine officer, but if our homes and cities are in the condition they should be, they will find no soil for their growth and development. Washington is in an excellent sanitary condition now and with the completion of our systems of water supply and sewerage, and the reclamation of the Potomac flats, it will not only be the most beautiful but the healthiest city on the continent."—SMITH TOWNSEND, M. D., Health Officer.

CANADA.—After reciting the judicial powers of the Federal and Provincial governments with reference to quarantine, the following were stated to be the "Precautions taken by the Ontario Board of Health since the danger of invasion of cholera became imminent. In addition to the ordinary sanitary precautions of public and personal cleanliness pressed upon all local sanitary authorities, the following have been supplemented: 1. Frequent articles in leading public journals regarding the urgency of efficient Dominion quarantine and correspondence with the Minister of Health at Ottawa on the subject. 2. Circulars to all cities, towns and villages requesting immediate information on local sanitary conditions. 3. A careful consideration of the dangers from cholera at the August quarterly meeting and the adoption of resolutions, twelve in number. 4. The communication of these to the Dominion Government and to the several Provincial Governments of Manitoba, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and British Columbia. 5. Attendance at the St. Louis Conference, and the repeated urging of the report adopted by it on the attention of the Dominion Government. With reference to the amount of local sanitation accomplished by the Board, it may be stated that local boards

have reported the nature and extent of their organization from almost every city, town and village in the Province and from nearly half of the townships, many of which are very sparsely settled. Nearly 75 per cent. of the total population is under sanitary control. These boards being required by the act to make annual reports to the Provincial Board, have already sent in over one hundred reports, many of them voluminous and displaying surprising progress in local sanitation since the passage of the new Health Act." 6. * * * A fourth outbreak of small-pox in the Province of Ontario since January, 1881, each one clearly traceable to immigrants from Europe, in whom the period of incubation of the disease had not expired at the time of quarantine inspection at port of arrival, but developed in transitu from sea-board to the place chosen for settlement, was cited as "demonstrating the absolute necessity for suitable houses of detention for all passengers who, when a case had occurred on board, might possibly have been exposed to the contagion, and thus, for the safety of the passengers in the cars, they would be travelling in en route for their ultimate destination, as also for the inhabitants of the location they have fixed on, should be for a period of fourteen days under observation in properly furnished buildings at the quarantine station of port of arrival." * * *

—CHARLES WM. COVERNTON, M. D., Chairman Provincial Board of Health of Ontario.
Quarantine.—Having presented to the Conference copies of the Laws and Regulations relating to Quarantine in force in Canada, including the Special Regulations issued last summer in view of the threatened visitation of cholera, the Chief Quarantine Officer made the following remarks: "As I am called on to speak I may say, as from myself alone, that if possible our Quarantine Laws be not yet quite perfect. If we have not, perhaps, as yet arrived at securing the maximum protection of the public with the minimum interference with trade and commerce, I trust that in our endeavors to do so our hands may be strengthened by the results and conclusions of this Conference. Our system of maritime quarantine is a national one, all matters relating to it being under the control of the Federal Government, so that a certainty of concerted action at all our ports is secured. It seems to me most desirable that there also be, if possible, mutual agreement between the Canadian government and the authorities which control quarantine matters at the different ports of this great Union. Varying local conditions and requirements may render any universal quarantine code impossible, but on some most important points, all might act in concord. For instance, with regard to cholera, the number of days requisite for Quarantine of Observation after the occurrence of the last case amongst passengers or on a vessel, and also the most efficient germicide for the disinfection of the baggage, cargo, etc., are matters in which similar action might well obtain at every port along the sea-board, from your most southern to our most northern one. This is a subject in which every State and every Province, ay, and every individual on this great Continent is interested. If cholera once make its entry anywhere on this Continent, it will be hard indeed to stop its inland progress and its diffusion far and wide. The maritime quarantine stations of both countries may be compared to one great chain, and I need hardly remind you of the old adage that the strength of a chain is that only of its weakest link. But, in hope at least, we may go farther yet, and in addition to concerted action on this side, strive for something more. And I would wish to be allowed to add my tribute of testimony as to the desirability and expediency of International Quarantine. Important such help to us would always have been. Even in the days of sailing vessels as passenger carriers it would have tended to prevent, or much lessen, the arrival of infectious sickness at our ports. But with those vessels, after their long voyages, we at least knew the worst when they arrived. Now, with the introduction of steam ships, which make the passage from Europe in less than a week, there is always the possibility of passengers contracting disease just before sailing, and arriving here before the period of incubation has elapsed; and so being able to pass undetected the most careful and vigorous quarantine inspection. This might happen but rarely, but the very fact of there being such a possibility, shows how important the careful supervision of passengers before they sail would be, where this is possible. And at least in addition to the inspection on embarking, some endeavor should be made to secure from the authorities of the districts whence the passengers come, information of the conditions as to any existing infectious disease in those districts. Such facts when so ascertained could be cabled, by code words, in warning to the quarantine officers of the port to which the vessel is assigned. Vessels are making shorter and shorter voyages now, and it seems of ever increasing importance to strive for this much at least, even if no more can yet be obtained, in the way of international notification of the existence of infectious disease."—F. MONTZAMBERT, M. D., Chief Quarantine Officer of the Dominion of Canada.

Montreal.—Dr. La Rocque furnished a very full account of the sanitary features of Montreal, its sewerage, water-supply, mortality and the preventive measures to be adopted against contagious diseases, especially in the event of a visit from cholera. "The Board of Health has decided to take measures to prevent the spread of contagious diseases. I have prepared a circular to be addressed to the medical men of the city and surrounding municipalities, to the superintendents of schools, workshops and manufactories, and heads of other large establishments, asking them to report any case of contagious disease that might come under their notice. A circular will be sent to families wherein such cases exist, giving them full instructions for the isolation of patients, the use of disinfectants, and anything else calculated to prevent the spread of the disease. The surrounding municipalities, having no drainage, no system of scavenging, in fact having done nothing towards sanitary improvements, are more or less in a fit state to favor contagious diseases, especially cholera. They will be invited to join the health authorities of this city to adopt the necessary preventive measures against this disease."—A. B. LA-ROQUE, M. D., Medical Health Officer.

Toronto.—Closing a general sanitary description of the city, Dr. William Canniff, the health officer in chief, said: "While the present sanitary condition of Toronto is not all I would wish it to be, I am able to say that very great improvements have been effected, and that this advancement will in the future be more marked. I can affirm that the city I represent will give due heed to any recommendations this Conference may make in relation to municipal hygiene. The fact that I am present here to-day is evidence of the interest

which is felt by my city in the subject to discuss which we have met, and I can safely say that in the event of cholera reaching America, Toronto will be found ready and willing to take any step and to make any expenditure necessary to prevent and combat the disease."

In connection with the foregoing reports—some of which were presented during the session of Thursday—a large number of circulars, pamphlets and other publications of the various boards, State and local, were presented, as well as copies of laws, ordinances, rules and regulations. Dr. Baker, of Mich., at the conclusion of his report, offered the following, which was referred to the Committee on State Action:

Resolved, That a prudent regard for the probable danger of the introduction of cholera at localities where the local authorities are unable to battle with it successfully, suggests the propriety of an appropriation, by each State legislature, of an epidemic contingent fund to be placed at the disposal of the Governor of the State, to be used under the direction of the State Board of Health, in case of necessity, for preventing the introduction or spread of cholera.

The following passage from Dr. Covernton's manuscript is also of interest: "Before leaving Washington the delegates from Canada had the honor of an interview with the British Ambassador and at his audience took occasion to represent to his Excellency the great importance of the two governments of the United States and Canada being early advised by cablegram of the time of sailing of vessels from British ports that had previously come from European ports where cholera was prevailing, or of cargoes that had reasonable suspicion attaching to them, in order that great vigilance might be exercised on their arrival at the various quarantine stations on this side of the Atlantic, and for the accomplishment of these much needed precautions requested the coöperation of his Excellency with the government of the Dominion. This was readily acceded to by the Ambassador, and by a letter since received from the Embassy we learn that his Excellency has made the requested representations to the Home Government. Since our return to Toronto we have had an interview with the Premier of the Dominion, the Right Honorable Sir John Macdonald, and solicited from his government not only unity of action with the United States Government in quarantine regulations at the sea ports, but also the appointment of Dominion medical health officers to inspect immigrants on their passage from the seaboard by rail through Canada either to the Western States or to the British northwest provinces. These officers to be appointed at Windsor, Sarnia and other lake ports and at such intervening distances from places of debarkation as may be judged necessary. In conclusion I would mention that since the first of July of last year, there have been established in the Province of Ontario four hundred local boards of health, two-thirds of all the municipalities being thus represented. Of the total of 447 townships there are 184 boards. Of these twenty-five have appointed medical health officers and nineteen of them have appointed sanitary inspectors, while seventeen of them have appointed both medical officers and sanitary inspectors. Of the two hundred and three cities, towns and villages in Ontario, one hundred and eighty, or more than six-sevenths, have local boards of health. Of this number 155 have either a medical health officer or a sanitary inspector, while 63 of them have medical health officers, 92 have sanitary inspectors and forty-four boards have both medical health officer and sanitary inspectors.

"From this statement it may be fairly assumed that under the controlling operation of the Provincial Board, and the special knowledge of the requirements of each locality possessed by these local health boards so numerous established, the work of diminishing the spread of cholera and other infectious diseases by timely sanitary precautions will be greatly facilitated, and the Province generally placed in a requisite state of preparedness."

THURSDAY, DECEMBER 11.

The Conference convened at 10 a. m., the chairman presiding, and delegates in attendance as before. The Secretary read the preliminary report of Dr. J. H. Carson, inspector of the Kentucky State Board of Health, detailing the results of the investigation into the causes of the epidemic recently prevalent in that State. He discredited the theory of mineral poisoned water, and said that the disease was epidemic dysentery, caused by malarial poison, conveyed into the system by drinking the water of stagnant pools in an unusually dry season. The total number of deaths in the State did not exceed 225.

The Secretary read the telegram previously referred to, from Mr. Augustine Smith, a large importer of rags in New York, who stated that there was no case on record of cholera from rags, or of its breaking out in paper factories. Mr. Chas. E. O'Hara, Secretary of the Seymour Paper Company of Connecticut, stated that they had been successful in disinfecting imported rags from Egypt. They employed about two hundred hands, women and children, to sort the rags, and he only knew of two cases of small-pox or other contagious diseases among them in thirty years.

Dr. Arbeely, a native Syrian physician, from Damascus, detailed his experience with cholera at Beyrout and Damascus, and attributed much of the fatality to intemperate habits.

REPORTS OF COMMITTEES.

The committee on the action necessary on the part of the States, in order to prepare for the possible advent of cholera, as well as to guard the great interests of public health in general, reported as follows:

The laws under which State boards of health and the municipalities act in the several States, are so diverse that it is impossible to formulate any method of uniform action except in a few particulars. It is conceded that the most thorough and scrupulous enforcement of all the details of cleanliness as to all persons and all surroundings is the basis of the preparations to be made by States, and by individuals. Coequal in importance with this is the provision of methods by which to keep a disease from being brought into any State. This necessarily divides itself into that which relates to maritime commerce, and to commerce between one State and another.

As at present our dependence for the former protection is chiefly that furnished by the State authorities, it can only be claimed that each State should be made fully aware of what protection is afforded by the ports through which such commerce and travel pass on approach to their own borders, and should be careful to add such additional details of examination as they may deem necessary.

In reference to interstate communication, it is essential that officers of State and municipal boards in adjacent States should fully notify each other if any case of cholera occurs in its own domain, and give such other information as may be precautionary. It is essential that each local board should in advance determine with precision what it will do with any first cases that occur, and so provide as to isolation, hospitals, refuge stations, furnishing medicine, etc., as that valuable time shall not be lost and that the cholera gain no foothold.

In our judgment the time has come when the State boards of health of those States that have such organization, and the chief municipal health boards of those States having no State boards, should be recognized in some National form, as having authority to inculcate such sanitary measures—National, international, maritime, and interstate—as are necessary, and to be able to secure the same through those departments of the General Government under which they should naturally fall.

Resolved, That in order to secure efficient local boards in States, and the coöperation of the various States, State boards of health should be promptly organized in all the States not yet having such boards.

Resolved, That in addition to the usual appropriations needed for the continuous work of State boards, that State, municipal and local boards should have contingent appropriations for the exigencies of cholera epidemics.

EZRA M. HUNT, M. D., Chairman; I. A. WATSON, M. D.; J. C. HEARNE, M. D.; C. N. HEWITT, M. D.; G. B. THORNTON, M. D., Committee.

Adopted.

The Committee on Municipal Action, to which had been referred the propositions submitted by Dr. Raymond, of Brooklyn, reported them back, with amendments, and the following eleven propositions were unanimously adopted by the Conference:

First.—That all surface wells should be closed at the earliest possible moment, and that great care should be taken that the water supply of all cities, towns and villages should be of undoubted purity.

Second.—That all privy-vaults should be abolished wherever water-closets can be supplied, and that wherever the existence of such vaults is necessary that they should be rendered water-tight in such a manner as to prevent the saturation, not only of the ground surrounding them, but also of the materials of which they are built, and that the contents of such vaults should be kept constantly disinfected, and removed to a proper place at frequent intervals.

Third.—That all stagnant ponds, when practicable, should be disinfected, and when possible the water removed by drainage or pumping, and the further accumulation prevented by filling with fresh earth, or other material free from garbage or other filth.

Fourth.—That great care should be exercised to keep at all times clear and free from obstruction all sewers into which passes the refuse from dwellings, factories and other buildings, and that such examinations should be made as will detect imperfect plumbing in

all buildings and the defects immediately corrected. In this connection special attention is directed to the necessity for the thorough ventilation of all soil and waste-pipes, and to the dangers connected with untrapped and unflushed soilwaste and overflow-pipes.

Fifth.—That extraordinary care should be exercised in reference to all tenement houses, lodging houses, and in general, all places where large numbers of human beings congregate, that no accumulation of garbage or other filth be permitted in cellars or yards, and that frequent and thorough cleaning and whitewashing of such structures be required; and that householders should frequently and thoroughly examine their yards, cellars, closets and other out of the way places, to see that no filth of any kind has been deposited there.

Sixth.—That the food supply be vigorously watched to exclude from the market all unwholesome meat; all milk adulterated or from diseased animals; and all unripe fruits and vegetables; and that cow stables be kept, at all times, clean, well whitewashed and free from all excremental accumulations.

Seventh.—That all garbage, kitchen and household refuse should be promptly removed from dwellings, stores and other buildings to a proper place, where it may be destroyed by fire or otherwise disposed of in such manner as to occasion no nuisance.

Eighth.—That such material should never be used in the filling of lots or disposed of by throwing the same in streets or vacant property where it may decompose and exhale offensive deleterious gases.

Ninth.—That the attention of the authorities of all institutions, both public and private, and of individuals as well, be drawn to the great importance of maintaining a habit of personal cleanliness in the persons under their charge, as being one of the most efficient means of warding off an attack of cholera, or if it has once appeared of greatly reducing its virulence and fatality.

Tenth.—Should the cholera appear in any place in this country, the health authorities of the place should have immediate notice of the first cases in order that prompt action may be taken for complete isolation and disinfection.

Eleventh.—That all authorities of States, cities or villages be urged to adopt measures which will result in the amelioration of all conditions such as have been referred to in the foregoing propositions, with the warning that, in the opinion of this Conference, such conditions, if permitted to continue, will greatly promote the spread of cholera when it comes, and with the assurance that, if requisite measures are promptly taken to remove them, the disease will be less likely to attack a community so prepared, and if attacked, such a community will be better able to cope with the disease and to reduce its ravages to a minimum.

J. H. RAYMOND, Chairman; F. MONTIZAMBERT, W. L. BREYFOGLE, S. H. DURGIN, C. W. ROWLAND, J. T. McFARLAND, JOSEPH SPEGELHALTER, Committee.

1 The Chair then announced that the Committee on Federal Legislation had engagements with Secretaries McCulloch and Frelinghuysen

at 2 and 2:30 p. m., respectively, for consultation in regard to the desired legislation, and suggested that the Conference take a recess until 4 p. m., which was done.

THURSDAY AFTERNOON.—The Conference was called to order at 4 o'clock p. m. Dr. J. T. McFarland, of Savannah, presented the following: *Resolved*, That this Conference recommend and urge upon the Federal Government the passage of an act making vaccination and revaccination compulsory, in the discretion of State and local boards of health and quarantine officers.

Referred to the Committee on Federal Legislation.

Dr. Walcott, of Massachusetts, Chairman of the Committee on Federal Legislation, presented an abstract of a bill which the committee was preparing, giving its essential features. It was not in form for presentation to the Conference or to Congress, and the committee requested further time for its consideration. At the conclusion of the report, Dr. Chancellor offered the following resolution: *Resolved*, That so much of the report of the Committee on Federal Legislation as refers to the matter of reorganizing the National Board of Health be recommitted, and that the committee be authorized to enlarge its membership to the extent of not less than five more members, so that every section of the country be represented in that body; and that power be given said committee, when so constituted, to prepare such a plan of reorganization as in their judgment may best meet the sanitary requirements of the country, and to present the same to Congress with a memorial for its immediate adoption.

After discussion by Drs. Rauch, Walcott, Reeves and Chancellor, the resolution was adopted, and Drs. C. W. Chancellor, of Maryland, E. S. Elder, of Indiana, Thomas F. Wood, of North Carolina, J. C. Hearne, of Missouri, and G. B. Thornton, of Tennessee, were added to the committee.

The Conference then adjourned, to meet in Washington during the annual session of the American Public Health Association, in December, 1885.

APPENDIX.

The bill providing for a new National Board of Health, as perfected by the Committee on Federal Legislation, and presented to the Congressional Committee on Public Health, is as follows:

A Bill to amend an act entitled "An act to prevent the introduction of contagious and infectious diseases into the United States and to establish a National Board of Health."

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That an act entitled "An act to prevent the introduction of contagious and infectious diseases into the United States and to establish a National Board of Health," approved March 3d, 1879, be so amended as to provide that there shall be established a National Board of Health, to consist of one member from each State Board of Health now

established, or which may be hereafter established in the United States, to be appointed by the President and confirmed by the Senate, whose compensation, when actually engaged in the performance of duty under this act, shall be ten dollars per diem each, and reasonable expenses. This board shall meet in Washington within ninety days after the passage of this act, and shall meet in Washington annually, and in case of emergency upon the call of its chairman and secretary, or upon the extraordinary call of the President of the United States, as hereinafter provided.

The officers of this board shall be a Chairman and Secretary. The Secretary shall be the executive officer of and ex-officio a member of the board, and shall devote his entire time to the duties of the office, and may be removed for cause, at any regular meeting of the board, two-thirds of the full board voting therefor, and shall receive such salary as may be determined by the board. The Chairman with six other members, representing the various geographical divisions of the country, shall constitute the executive committee of the board, to be elected at the first meeting of the board, and at each annual meeting thereafter, and said committee shall, and is hereby authorized to exercise such powers as may from time to time be conferred upon it by the board.

SECTION 2. The duties of this board shall be, and it is hereby authorized and given power to make or cause to be made, such investigations at any place within the United States, or at any foreign port or place, and to collect information upon all matters relating to the public health, and to frame such rules and regulations as may be necessary for the government of the quarantine service of the United States; and all the power and authority now provided by law, or which may be provided by law, for the control and protection of the public health of the United States, shall be and are hereby vested in said board, except as to the special authority vested in the President of the United States under the provisions of this act. The rules and regulations of this board shall severally be executed, under the direction of this board, through such Departments of the Government, or other officers, as the law may prescribe or the President may designate.

This board shall coöperate with, and so far as it lawfully may, shall aid State and local boards of health in the enforcement of the rules and regulations of such boards, to prevent the introduction of contagious and infectious diseases from foreign countries into the United States, and into one State from another.

SECTION 3. It shall be the duty of this board to make such rules and regulations as are necessary to be observed by vessels at ports of departure, where such vessels sail from any foreign port or place to any port or place in the United States, to secure the best sanitary condition of such vessel, her cargo, passengers and crew, and to prepare from time to time for the consular officers of the United States, and for the medical officers serving under this act at any foreign port, and otherwise make publicly known such rules and regulations, which, when approved by the President and issued by the Department of State, and posted in the office of the consul or other representatives of the United States at such foreign ports for at least ten days, shall be enforced by the consular officers and agents of the United States.

SECTION 4. It shall be unlawful for any vessel from any foreign port or place to enter any port in the United States, except in accordance with the rules and regulations made in pursuance of this act, and of the rules and regulations made under State or municipal authority, and any such vessel which shall attempt to enter any port of the United States in violation thereof, shall be liable to process in the proper district court of the United States, and upon conviction, shall forfeit to the United States a sum to be awarded in the discretion of the court, not exceeding \$1,000, which shall be a lien upon such vessel to be recovered upon proceeding in the proper district court of the United States, in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws, and in all such cases the United States attorney for such district shall appear on behalf of the United States; and all such vessels shall obtain from the consular or authorized medical officer at the port of departure, a certificate in duplicate, setting forth the sanitary history of said vessel, and that it has in all respects complied with the rules and regulations of this board, made in pursuance of this act for the government of such vessels, and before granting such certificate such consular or medical officer is required to be satisfied that the statements therein made are true; and upon the request of this board, the President of the United States is hereby authorized to appoint proper medical officers, to serve in the offices of the consuls at any such foreign ports, to make the inspections and give the certificates herein required.

SECTION 5. Such vessels shall observe all rules and regulations made by this board in pursuance of this act, in regard to the inspection, disinfection and isolation of the same, upon its arrival at any port in the United States, and for the treatment of persons and cargo on board, so as to prevent the introduction of contagious diseases into the United States; and it shall be unlawful for any vessel to enter such port, to land its passengers or discharge its cargo, except upon a certificate from the health officer of such port, that such rules and regulations have in all respects been complied with.

SECTION 6. In the event of any sudden emergency, threatening the importation of contagious or infectious disease into the United States from any foreign country, the President of the United States is hereby authorized and required, in his discretion, to adopt, and make known forthwith by public proclamation, such measures as may meet the emergency, either by suspending the introduction into the United States, by land or sea, of any specified merchandise calculated to be a vehicle for the communication of contagion, or by prohibiting the entry into the ports of the United States of vessels coming from infected countries or having contagious or infectious disease on board. And in case the President shall at any time exercise the authority hereby conferred upon him, he shall, at or before the time of issuing such proclamation as aforesaid, convene the National Board of Health, to meet at Washington in special session within ten days from the date of such notice of convention, and the said board shall thereupon advise such measures as it may deem sufficient to meet the emergency; and upon the taking effect of such measures, with the approval of the President of the United

States as herein provided, the President's proclamation aforesaid shall cease to have effect. It shall be the duty of this board at all times to give prompt attention to any question in sanitary science which may be submitted to it by the President.

SECTION 7. It shall be the duty of the Department of State to obtain from the consular officers at foreign ports or places all available information in regard to the sanitary condition of such ports and places, and to transmit the same to this board; and it shall be the duty of this board to obtain from the State and municipal health authorities throughout the United States, and from all other available sources, weekly reports of the sanitary condition of ports and places within the United States, and reports and other matters relating to climatic and other conditions affecting the public health; and it shall prepare, publish and transmit to State and other authorities, and other proper persons, weekly abstracts of such reports, consular reports, and other useful information relating to the public health; and it shall make to the President, for transmission to Congress, an annual report of its transactions, with such recommendations as it may deem important to the public health; and the necessary printing of the board shall be done at the Government Printing Office, upon the requisition of the Secretary of such board, in the same manner and subject to the same provisions as other public printing for the several Departments of the Government.

SECTION 8. The President of the United States is authorized, when requested by this board, and when the same can be done without prejudice to the public service, to detail officers from the several Departments of the Government, for temporary duty, to act under the direction of this board in carrying out the provisions of this act, and such officers shall receive no additional compensation, except for actual and necessary expenses incurred in the performance of such duties.

SECTION 9. To meet the expenses incurred in carrying out the provisions of this act, the sum of five hundred thousand dollars, or so much thereof as may be necessary, is hereby appropriated, to be disbursed under the direction of the board; and the board shall have authority to appoint such disbursing agents as it deems necessary, who shall give bond, as in other cases, for the faithful performance of their duties.

SECTION 10. All acts and parts of acts in conflict with any of the provisions of this act shall be, and are hereby, repealed.

The foregoing bill was introduced into the lower house of Congress, but, owing to various causes, did not become a law.

D.—VITAL STATISTICS.

VITAL STATISTICS OF ILLINOIS, 1881-1884.

IN the Fifth Annual Report of the STATE BOARD OF HEALTH—being for the year ended December 31, 1882—it was stated that “returns of deaths for 1881 have been received from many of the counties and are now being tabulated.” A form of a Condensed Return of Deaths, to be used by the county clerks, had been prepared and distributed, together with a pamphlet of instructions and classified and alphabetical lists of Causes of Death (with their synonyms and equivalents), by which it was intended to secure all the essential facts from the Physician's Certificate of the cause of death required, by Section 8 of the State-Board-of-Health Act, to be made to the county clerk. This form is the complement of the Condensed Return of Births previously prepared and furnished.

Various causes have contributed to render the results of these attempts to secure the proper registration of births, deaths and marriages in Illinois less satisfactory and complete than is desired. The provisions of the Act relating to this subject need modification, but thus far it has not been practicable to secure such modification. It is probable that the necessary changes and revision would have been made by the last General Assembly had it not been for the peculiar character of the session. Many of the members of both houses had become interested through the representations of the BOARD, and an amendatory bill was passed by the Senate and was on its third reading in the House, when the session adjourned.

Under the present Act some of the county commissioners fail to make any provision for efficiently carrying out the spirit and intent of the law, and others only inadequately provide for this purpose. The BOARD itself has been unable to give the matter the necessary time and attention; and this enactment has proved no exception to the rule that laws will not execute themselves, but require the constant vigilance and effort of some interested authority. Heretofore, want of means and pressing demands for its action in other directions have prevented the BOARD from securing such measure of successful results as might otherwise have been possible. To the foregoing causes, and in some degree dependent upon them, must be added the failure of physicians and accoucheurs to promptly furnish the certificates required. These certificates are, of course, the basis of the returns to be made by the county clerk; and until it comes to be regarded as an unprofessional and dishonorable action for a practitioner to violate the law upon this subject—as is the

violation of any other legal requirement so importantly affecting the public interests—the vital statistics of the State must be defective and their value be impaired.

Notwithstanding these serious impediments, much educational work has been done and the foundation has thereby been laid for a gradually-improving system of vital registration. With the means now at the command of the BOARD, it will be possible to devote more attention to the enforcement of the law as it stands, and there is good reason for confidently expecting the necessary legislation for its amendment at the next session. Under these circumstances it has been deemed advisable to utilize, as far as possible, the returns thus far received, with a view, mainly, to showing what may be done and for such instructional advantages as may be derived from a study of the tabulations.

OWING to the various causes above specified, returns of births are wanting from 8 counties in 1881, from 17 in 1882, from 19 in 1883, and from 13 in 1884; returns of deaths are wanting from 10 counties in 1881, from 25 each in 1882 and 1883, and from 17 in 1884. Returns of marriages have been received from all the counties for the four years enumerated. The following aggregate of deaths show the extent of the deficiencies:

In 1881 the total number of deaths reported from 92 counties—aggregate population, 2,800,000—was 30,631, giving an annual death rate of 10.94 per thousand.*

In 1882 there were 23,068 deaths reported from 77 counties—aggregate population, 2,500,000—a death-rate of 9.20 per thousand.

In 1883 the same number of counties, with an aggregate population of 2,520,000, reported 21,520 deaths—a mortality rate of 8.51 per thousand.

In 1884 there were 22,342 deaths reported from 85 counties, having an aggregate population of 2,583,000, the death-rate being 8.65 per thousand.

If Cook county be excluded from the above, the results would be—

1881.....	91 counties report 15,759 deaths: mortality 8.09 per thousand.
1882.....	76 counties report 8,625 deaths: mortality 4.44 per thousand.
1883.....	76 counties report 8,222 deaths: mortality 4.51 per thousand.
1884.....	84 counties report 7,675 deaths: mortality 4.05 per thousand.

* The population for each of these years is based on the school census of 1882 and of 1884—comparing the number of persons under 21 years of age, as ascertained by this census, with the proportion of such persons to the total population, as shown by the United States census of 1880. This mode of computation gives the following results:

Year.	POPULATION OF—			
	State.	Cook County.	Chicago.	Cook Co. exclusive of Chicago.
1881.....	3,076,500	642,566	540,651	111,915
1882.....	3,137,600	712,622	590,407	122,215
1883.....	3,161,600	780,185	646,383	133,802
1884.....	3,226,500	855,255	708,574	146,681

From these figures it will be seen that, independently of the failures of returns from the counties, there is a constantly diminishing number of physicians who comply with the law requiring them to report deaths and their causes; and, consequently, for the usual purposes of vital registration, for ascertaining the mortality rate, or the relations between births and deaths, or other absolute data pertaining to these subjects, the statistics given in the following pages have only a limited value. Nevertheless, since some comparative estimates may be made from them, it has seemed desirable to present a summary for this purpose, but without other comment.

The Cook county returns of deaths, especially for the later years, are sufficiently full to warrant the usual deductions. It is to be noted, however, that there is a deficiency of returns in the county outside of Chicago which, while entirely apparent, cannot be definitely estimated. This difficulty arises from the fact that the burial-permit ordinance, prepared and recommended by the BOARD, has been adopted in some of the suburban towns, and in such places the returns are more nearly correct than in the remaining portions of the county. Since, however, the returns are given in the aggregate and not by minor divisions—as of townships, towns and villages—it is not possible to distribute the deficiency or to compute the percentage of error.

Taking the deaths reported by the registrar of vital statistics in Chicago from the totals reported by the county clerk in the entire county, the following table will illustrate the difficulty, and show the extent and variation of the discrepancy:

1881..	{ Cook county.....	22.17 deaths to 1,000 persons living.
	{ Chicago.....	26.08 deaths to 1,000 persons living.
1882..	{ Cook county, except Chicago.....	6.88 deaths to 1,000 persons living.
	{ Cook county.....	20.26 deaths to 1,000 persons living.
1883..	{ Chicago.....	22.41 deaths to 1,000 persons living.
	{ Cook county, except Chicago.....	9.89 deaths to 1,000 persons living.
1884..	{ Cook county.....	17.04 deaths to 1,000 persons living.
	{ Chicago.....	17.87 deaths to 1,000 persons living.
1884..	{ Cook county, except Chicago.....	13.02 deaths to 1,000 persons living.
	{ Cook county.....	17.14 deaths to 1,000 persons living.
1884..	{ Chicago.....	17.60 deaths to 1,000 persons living.
	{ Cook county, except Chicago.....	14.97 deaths to 1,000 persons living.

The increase from 6.88 in 1881 to 14.97 in 1884, represents the influence of the burial-permit ordinance on the subject of vital registration, and to the extent that the latter figure (14.97) falls short of the actual death-rate are the returns still defective. It is not at all likely that the death-rate of Chicago is 17 per cent. greater than the death-rate of the suburban population of Cook county, as the above figures would show. In the judgment of the Secretary, the difference is not over 10 per cent., taking into consideration the character of the whole population and the aggregation of the suburban population into large towns and villages. This would make the actual death-rate for 1884, in Cook county outside of Chicago, 15.84 per thousand—a figure which it is believed is very nearly correct.

With the limitations indicated above the following tables group together the more important features of the mortality of Cook county for the past four years, the population having been calculated as explained in the foot-note on a preceding page, and the numbers of individuals living at given ages based on the proportions

which obtained in 1880, as shown by the United States census. It has also been assumed that the relative proportions of the total population of the county, as shown in the Tenth Census, have been preserved during this period—that is to say, 79.3 per cent. of the total population in Chicago and the remaining 20.7 per cent. in the county outside, although it is believed that the growth of the suburban population has exceeded that within the city limits.

Owing to the different classifications of the causes of death adopted by the Chicago registrar and by the STATE BOARD—the latter being based upon the nomenclature and classification proposed by the Royal College of Physicians, Eng., and the conference of registrars of vital statistics called by the National Board of Health—it has not been possible to fully separate the deaths in the city and county by causes; but this has been done for Diphtheria, Typhoid Fever, Cholera Infantum, Cancer and Phthisis, with the following results:

I.—TOTAL DEATHS IN COOK COUNTY FROM SPECIFIED CAUSES, AND PROPORTION (PER CENT.) OF DEATHS FROM EACH CAUSE TO TOTAL DEATHS FROM ALL CAUSES, 1881-1884.
County Clerk's Returns.

Years.....	1881.		1882.		1883.		1884.	
Total deaths.....	14,872		14,443		13,298		14,667	
Deaths from—	Total.	Per cent.	Total.	Per cent.	Total.	Per cent.	Total.	Per cent.
Diphtheria.....	759	5.10	512	3.54	565	4.24	587	4.00
Typhoid Fever.....	619	4.49	508	3.51	399	3.00	407	2.84
Cholera Infantum.....	1,218	8.18	892	6.17	813	6.11	999	6.81
Other Diarrhetic Diseases..	406	2.72	413	2.85	338	2.54	372	2.53
Malarial Diseases.....	73	.49	52	.36	92	.69	75	.51
Cancer.....	68	.45	81	.58	200	1.50	282	1.92
Phthisis.....	1,143	7.68	733	5.07	1,126	8.46	1,236	8.42

II.—TOTAL DEATHS IN CHICAGO FROM SPECIFIED CAUSES, AND PROPORTION (PER CENT.) OF DEATHS FROM EACH CAUSE TO TOTAL DEATHS FROM ALL CAUSES, 1881-1884.
City Registrar's Reports.

Years.....	1881.		1882.		1883.		1884.	
Total deaths.....	14,101		13,234		11,555		12,471	
Deaths from—	Total.	Per cent.	Total.	Per cent.	Total.	Per cent.	Total.	Per cent.
Diphtheria.....	609	4.31	521	3.93	592	5.12	649	5.12
Typhoid Fever.....	568	4.02	462	3.49	361	3.12	354	2.83
Cholera Infantum.....	1,110	7.87	812	6.36	751	6.49	899	7.20
Cancer.....	217	1.52	220	1.66	232	2.00	265	2.12
Phthisis.....	1,037	7.35	1,042	7.87	1,016	8.79	1,034	8.29

The following data of population, as to ages and sex, are computed as already explained, but the mortality rates based thereon are vitiated by the causes above noted:

III.—POPULATION OF COOK COUNTY—GIVEN AGES AND BOTH SEXES, 1881-1884.

Number living—		1881.	1882.	1883.	1884.
Under 1 year.....	M.....	9,664	10,555	11,552	12,664
	F.....	9,260	10,111	11,123	12,138
	Total....	18,924	20,666	22,625	24,802
Between 1 and 5 years.....	M.....	44,349	48,440	53,020	58,124
	F.....	42,507	46,410	50,822	55,710
	Total....	86,856	94,850	103,842	113,834
Between 5 and 10 years.....	M.....	42,186	46,074	50,432	55,286
	F.....	40,429	44,143	48,310	52,990
	Total....	82,615	90,217	98,772	108,276
Between 10 and 15 years.....	M.....	37,155	40,580	44,416	48,691
	F.....	35,607	38,878	42,585	46,669
	Total....	72,762	79,458	86,991	95,360
Between 15 and 20 years.....	M.....	36,754	40,142	43,937	48,168
	F.....	35,224	38,460	42,117	46,167
	Total....	71,978	78,602	86,054	94,335
Between 20 and 30 years.....	M.....	60,407	65,988	72,220	79,173
	F.....	57,903	63,210	69,227	75,885
	Total....	118,310	129,198	141,447	155,058
Between 30 and 40 years.....	M.....	41,385	45,201	49,475	54,237
	F.....	39,663	43,307	47,424	51,985
	Total....	81,048	88,508	96,899	106,222
Between 40 and 50 years.....	M.....	28,955	31,626	34,617	37,949
	F.....	27,532	30,501	33,182	36,373
	Total....	56,707	61,927	67,799	74,322
Between 50 and 60 years.....	M.....	18,594	20,308	22,228	24,368
	F.....	17,820	19,456	21,306	23,355
	Total....	36,414	39,764	43,534	47,723
Between 60 and 70 years.....	M.....	9,430	10,297	11,273	12,358
	F.....	9,037	9,870	10,806	11,846
	Total....	18,467	20,167	22,079	24,204
70 years and over.....	M.....	4,321	4,730	5,177	5,675
	F.....	4,164	4,535	4,966	5,444
	Total....	8,485	9,265	10,143	11,119
Total Males.....		333,200	363,934	398,347	436,693
Total Females.....		319,366	348,688	381,898	418,562
Total both Sexes.....		652,566	712,622	780,185	855,255

Based on the foregoing, the following table of mortality rates at given ages has been constructed:

IV.—DEATH-RATE IN COOK COUNTY AT GIVEN AGES, 1881-84.

Years.	AGES.										
	Under 1 year	Between 1 and 5 years	5-10 years...	10-15 years...	15-20 years...	20-30 years...	30-40 years..	40-50 years...	50-60 years...	60-70 years...	70 years and over.....
1881.....	231.18	39.28	13.53	5.81	6.23	11.54	12.84	15.95	19.30	32.59	56.21
1882.....	223.21	29.07	9.96	5.04	6.09	11.38	12.67	12.45	17.45	27.81	79.11
1883.....	195.09	21.89	6.16	3.03	4.95	8.43	11.04	13.76	18.60	28.26	67.13
1884.....	198.41	24.87	6.28	2.67	4.13	8.28	10.96	12.33	15.90	30.65	64.84

On the same basis the death-rate for males, all ages, was 24.29 in 1881; 21.59 in 1882; 18.03 in 1883; and 18.32 in 1884. For females, all ages, 21.22 in 1881; 18.56 in 1882; 16.51 in 1883; and 15.91 in 1884.

Appended is a series of tables which indicate the character of information to be obtained from the Condensed Returns of Deaths and Births.

Table I.—Continued.

[illegible]

III.—Dietic Diseases

39 Starvation	16	2	1	.....	5	23	25	10	4	.....	1	.....	90
40 Scoury	16	2	.....	.....	.....	1	1	1	1	.....	1	.....	23
41 Alcoholism .....	.....	.....	1	.....	.....	14	20	6	2	.....	.....	.....	43
42 Delirium tremens .....	.....	.....	.....	.....	4	8	7	3	1	.....	.....	.....	23

IV.—Constitutional Diseases

43 Rheumatic fever	314	270	97	99	230	728	498	403	286	235	101	26	1	3,321
44 Rheumatic heart	14	11	4	3	2	6	6	2	5	2	5	2	.....	62
45 Rheumatism .....	.....	.....	.....	.....	.....	5	6	3	2	.....	3	.....	.....	29
46 Gout .....	.....	1	4	7	2	7	11	5	7	10	4	5	.....	61
47 Rickets .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
48 Cancer	12	10	1	3	7	8	19	59	47	48	28	3	1	243
49 Tubercular meningitis	140	66	11	5	2	8	5	12	11	16	10	3	.....	301
50 Phthisis	17	64	18	13	7	11	10	8	6	3	.....	.....	.....	215
51 Puerperal	68	88	48	52	190	637	417	280	194	130	43	13	.....	2,169
52 Scrofula	19	50	7	4	4	9	7	6	2	6	3	.....	.....	87
53 Purpura	1	2	.....	.....	.....	4	.....	1	.....	.....	.....	.....	.....	9
54 Anemia	8	3	.....	3	3	15	6	.....	1	4	.....	.....	.....	43
55 Diabetes mellitus	2	.....	2	3	4	2	7	8	4	9	4	1	.....	48
56 Other constitutional diseases	1	2	2	2	4	13	4	8	5	4	2	.....	.....	47

V.—Developmental Diseases

57 Premature birth	448	10	4	1	.....	2	3	1	40	109	146	128	30	922
58 Alectosis	360	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	360
59 Cyanosis	12	5	.....	1	1	1	2	1	1	1	.....	1	.....	21
60 Spina bilida	35	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	43
61 Other congenital defects	12	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	13
62 Umbilical hemorrhage	17	.....	1	.....	.....	1	1	.....	.....	1	.....	.....	.....	21
63 Old age	12	3	1	.....	.....	.....	.....	.....	39	106	146	127	30	448

VI.—Local Diseases

.....	3,005	2,219	601	298	397	985	861	800	861	853	666	185	13	11,808
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A.—NERVOUS SYSTEM

64 Inflammation of brain	1,311	536	113	59	64	141	133	130	175	169	150	50	5	3,656
65 Apoplexy	87	90	27	15	14	21	20	18	17	14	2	1	.....	327
66 Softening of brain	112	91	24	14	24	47	41	58	71	66	45	11	1	604
67 Hydrocephalus, not acute	8	9	2	3	1	6	8	8	13	16	13	1	.....	88
68 Hemiplegia	26	14	1	1	1	1	1	1	1	2	1	.....	.....	48
69 Paralysis agitans	1	.....	.....	.....	1	2	1	3	4	.....	12	2	.....	31
70 General paralysis of Insane .....	.....	.....	.....	.....	.....	.....	.....	.....	23	18	24	12	1	78
71 Paraplegia	2	.....	.....	2	1	3	5	9	7	5	2	.....	.....	34
72 Chorea	1	.....	2	.....	2	1	1	.....	.....	1	1	.....	.....	9
73 Epilepsy	11	4	3	4	4	8	11	7	6	.....	3	1	1	66

Table I.—Continued.

[illegible]

97 Asthma.....	3	56	121	3	5	3	11	16	14	8	72
98 Bronchitis.....	272	156	121	8	35	35	23	46	48	11	898
99 Pneumonia.....	453	126	81	100	245	251	245	269	136	31	2,358
100 Typhoid pneumonia.....	16	14	18	33	65	38	17	29	16	6	300
101 Pleurisy.....	6	7	7	21	8	10	5	6	6	1	37
102 Other diseases, respiratory system.....	36	14	12	21	23	31	5	19	14	6	211
E.—DIGESTIVE SYSTEM.....											
103 Stomatitis.....	667	468	127	70	219	179	181	136	107	27	2,431
104 Dentition.....	16	5	1	1	4	9	17	14	5	.....	86
105 Sore throat.....	45	27	5	4	4	2	4	1	4	.....	73
106 Dyspepsia.....	4	1	1	2	5	4	4	3	4	1	36
107 Hematemesis.....	1	1	2	1	1	1	1	1	.....	.....	27
108 Melana.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
109 Disease of stomach.....	36	25	5	5	8	16	20	15	22	4	1
110 Enteritis.....	298	218	61	13	12	19	17	13	12	3	205
111 Ulceration of intestines.....	5	5	1	1	1	5	4	4	3	.....	704
112 Ileus.....	2	.....	1	1	2	4	4	1	3	.....	34
113 Stricture and strangulation of intestines.....	.....	.....	2	3	3	1	2	2	2	1	10
114 Intussusception.....	3	4	.....	.....	2	3	3	3	1	.....	18
115 Hernia.....	4	3	1	1	3	3	10	3	9	.....	16
116 Fistula.....	1	3	.....	.....	.....	.....	.....	1	1	.....	37
117 Peritonitis.....	76	74	29	31	37	65	43	28	17	6	6
118 Ascites.....	2	3	2	2	2	3	2	3	2	1	527
119 Gallstones.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	22
120 Jaundice.....	20	3	1	1	1	4	2	2	2	4	4
121 Cirrhosis.....	.....	.....	1	1	6	6	6	15	13	5	50
122 Other diseases of liver.....	15	8	7	1	8	18	21	16	9	3	48
123 Other diseases, digestive system.....	135	86	13	7	6	27	25	24	14	7	131
F.—LYMPHATIC SYSTEM.....											
124 Disease of lymphatics.....	.....	1	1	1	3	5	6	1	2	1	25
125 Disease of spleen.....	.....	1	1	2	5	6	.....	1	2	.....	1
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....											
126 Bronchocoele.....	.....	.....	.....	.....	3	1	2	.....	.....	.....	9
127 Addison's disease.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	3
.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	6
H.—URINARY SYSTEM.....											
128 Nephritis.....	14	29	14	9	8	30	42	40	68	47	375
129 Bright's disease.....	6	11	4	2	2	1	6	8	10	2	65
130 Gremia.....	3	10	6	5	3	21	17	26	35	26	100
131 Suppression of urine.....	.....	3	2	2	2	3	4	.....	3	1	35
132 Calculus.....	1	1	1	1	.....	3	3	.....	2	2	5

Table I.—Continued.

CAUSES OF DEATH.	AGES.													Totals
	Under 1 year	Between 1 and 5 years.	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	
133 Hematuria.....	1	1											1	
134 Disease of bladder and prostate.....	2	3	1				6		4	5	6	3	21	
135 Other diseases, urinary system.....	1								6	13	11	2	48	
I.—REPRODUCTIVE ORGANS.....	7	3	2	2	40	111	78	39	25	21	14	1	343	
a. Organs of Generation.....			1	1	10	18	16	9	15	13	6	1	90	
136 Ovarian disease.....														
137 Disease of uterus and vagina.....					3	13	13	1	5	4	2	1	13	
138 Disorders of menstruation.....				1	7	4		8	8	8	4		58	
139 Pelvic abscess.....							2		1	1			12	
140 Perineal abscess.....						1			1				4	
141 Diseases of testes, penis, etc.....							1						2	
b. Parturition.....					28	91	56	24	5		1		205	
142 Abortion.....					1	2	4	1						
143 Miscarriage.....					3	6	7	3					8	
144 Puerperal mania.....					6	13	5	1					19	
145 Puerperal convulsions.....					11	23	4						25	
146 Placenta prævia.....						2		1					3	
147 Flooding.....						8	9	6		1			24	
148 Phlegmasia dolens.....						1							21	
149 Other complications of childbirth.....					7	37	26	12	5				87	
K.—LOCOMOTOR SYSTEM.....	2		1		1	2	4			3	2		15	
150 Caries and necrosis.....	1									1			3	
151 Arthritis.....							1				1		1	
152 Ositis.....			1			1							2	
153 Other diseases, locomotor system.....	1				1	1	3			2	1		9	

TABLE II.—Deaths from Specified Causes (classified) reported in 92 Counties during the year 1881: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.			LOCALITY.		Total.				
	Male	Female	Not stated...	White.....	Colored.....	Not stated..	Illinois	United States	Foreign	Not stated...	Widower ...		Widow	Places ¹ over 5,000 pop....	Places between 500-5,000 pop....	Under 500 pop. or in country.....
Deaths from all causes.....	16,185	14,446		30,096	535		8,065	14,755	7,811		768	1,297	17,127	4,492	9,012	30,631
I.—Specific Febrile or Zymotic Diseases.....	5,716	5,436		11,010	142		3,448	4,543	3,161				6,416	1,469	3,297	11,152
A.—MIASMATIC DISEASES.....	3,653	3,365		6,943	75		2,011	2,768	2,296				4,261	895	1,862	7,018
1 Small-pox	473	421		887	7		33	179	682				829	22	43	894
2 Varioloid	1	1		2			1	1					2			1
3 Chicken-pox	239	295		532	1		192	172	55		1	13	131	113	287	584
4 Measles	295	271		565	1		192	218	156				357	77	192	566
5 Scarlet fever	16	14		20	1		8	15	15				29	30	1	30
6 Typhus fever	18	9		27			3	16	3				11	8	27	45
7 Influenza	6	2		8			3	4	1				6	1	8	13
8 Mumps	701	668		1,700	9		454	531	381				846	180	313	1,369
9 Diphtheria	851	682		1,513	20		429	641	463				1,001	176	356	1,533
10 Cerebro-spinal fever	140	169		303	6		131	112	66				169	53	87	309
11 Whooping-cough	158	136		289	5		124	117	53		8	11	105	55	134	291
12 Continued fever	737	676		1,789	21		310	746	387		23	40	745	204	444	1,413
13 Enteric fever																
14 Yellow fever																
15 Other miasmatic diseases	18	21		39			22	13	4				7	6	26	39
B.—DIARRHETIC DISEASES.....	1,531	1,373		2,867	37		914	1,230	730				1,765	383	806	2,904
16 Cholera infantum																
17 Cholera morbus	1,081	931		1,985	27		673	770	569				1,826	211	475	2,012
18 "Winter cholera"	60	71		126	5		23	43	65		4	16	70	13	48	131
19 Diarrhœa	3	3		6									3	1	2	6
20 Dysentery	239	212		450	1		104	290	57		5	15	302	45	104	451
	148	156		300	4		142	124	38		10	15	64	63	171	304

C.—MALARIAL DISEASES.									
21	Intermittent fever.....	359	330	657	23	392	276	102	392
22	Remittent fever.....	43	29	68	4	25	41	6	41
23	Contingent fever.....	106	105	262	9	105	76	30	120
24	Other malarial diseases.....	142	134	268	2	123	106	47	146
		59	62	119	2	49	53	19	55
D.—ZOOGENOUS DISEASES.									
25	Hydrophobia.....	19	10	29		1	17	11	16
26	Other zoonogenic diseases.....	6		6			1	5	1
		13	10	23			16	6	15
E.—VENEREAL DISEASES.									
27	Syphilis.....	15	17	31	1	5	23	4	25
28	Other venereal diseases.....	12	17	28	1	4	21	4	23
		3		5		1	2		2
F.—SEPTIC DISEASES.									
29	Plagedena.....	148	311	483	6	152	229	108	173
30	Erysipelas.....	96	92	187	1	57	99	32	98
31	Pyemia.....	34	21	52	3	13	23	19	28
32	Septicemia.....	18	49	66	1	13	37	17	28
33	Puerperal fever.....		177	176	1	69	68	40	19
II.—Parasitic Diseases.									
34	Trichin.....	14	9	22	1	15	6	2	20
35	Hydatids.....	10	6	15	1	11	4	1	14
36	Worms.....	1	3	4		3	1		4
37	Trichinosis.....	3		3		1	1	1	2
38	Other parasitic diseases.....								
III.—Dietic Diseases.									
39	Starvation.....	67	23	87	3	21	26	43	32
40	Scorbuty.....	12	11	22	1	17	5	1	20
41	Alcoholism.....	31	9	41	2	1	10	32	6
42	Delirium tremens.....	21	2	23		2	11	10	5
IV.—Constitutional Diseases.									
43	Rheumatic fever.....	1,618	1,703	3,292	89	603	1,712	1,006	1,579
44	Rheumatic heart.....	30	32	60	2	10	35	17	36
45	Rheumatism.....	11	18	28	1	4	38	7	11
46	Gout.....	34	27	61		12	31	18	20
		3		3			3	1	3

137	146	397	680
12	19	41	72
43	35	133	211
63	64	149	276
19	28	74	121
26			
5			
21			
20	3	9	32
20	2	7	29
	1	2	3
207	92	190	489
2			
78	36	74	188
35	7	13	55
35	8	24	67
57	41	79	177
6	3	11	23
6	2	8	16
	1	2	3
50	15	25	90
3	8	12	43
31	3	9	43
15	4	4	23
1,955	501	862	3,321
42	8	12	62
11	8	10	29
16	19	26	61
1	1	1	3

Table II.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.			Totals
	Male	Female	White.....	Colored.....	Not stated...	Illinois	United States	Foreign.....	Not stated...	Single	Married	Widower	Widow	Not stated...	
	1	3	4	4	2	2	2	2	1	2	1	1	1	2	2
47 Rickets	98	145	239	4	...	23	121	99	...	51	143	11	38	108	2
48 Cancer	166	135	290	2	...	37	222	222	...	240	44	5	12	238	53
49 Tuberculosis	121	94	209	6	...	68	129	18	...	185	28	1	1	118	17
50 Tubercular meningitis ..	1,032	1,137	2,169	68	...	365	1,045	759	...	912	1,081	49	124	1,332	56
51 Phthisis	50	37	85	2	...	37	43	7	...	62	20	...	5	32	308
52 Scrofula	5	4	9	...	...	3	3	3	...	5	4	...	...	16	528
53 Purpura	15	28	42	1	...	18	20	5	...	20	21	...	2	11	1
54 Anemia	32	16	45	3	...	9	21	15	...	19	24	2	5	26	24
55 Diabetes mellitus	20	27	47	...	...	15	19	13	...	16	28	2	1	10	13
56 Other constitutional diseases ..	455	467	914	8	...	446	217	239	...	529	141	97	155	410	48
V.—Developmental Diseases															
57 Premature birth	179	181	356	4	...	390	...	...	...	360	...	...	...	135	353
58 Atelectasis	13	8	21	...	...	15	4	2	...	21	...	...	...	4	159
59 Cyanosis	26	17	43	...	...	10	18	2	...	43	...	...	...	24	65
60 Spina bifida	9	4	13	...	...	10	3	...	...	13	...	...	...	3	14
61 Other congenital defects ..	8	13	20	1	...	18	3	...	...	21	...	...	...	3	15
62 Umbilical hemorrhage	8	...	14	2	...	7	...	2	...	16	...	...	...	8	9
63 Old age	212	236	447	1	...	13	182	293	...	55	141	97	155	233	7
VI.—Local Diseases	6,222	5,576	11,582	226	...	2,846	6,614	2,318	...	7,256	3,644	338	590	6,438	448
A.—NERVOUS SYSTEM	1,646	1,410	3,000	56	...	697	1,915	444	...	2,256	590	79	131	1,979	360
64 Inflammation of brain	196	131	321	6	...	137	139	51	...	216	69	5	7	161	676
65 Apoplexy	376	288	582	23	...	135	308	161	...	328	293	51	...	339	3,056
66 Softening of brain	51	37	85	3	...	16	52	29	...	46	41	...	...	45	110
67 Hydrocephalus, not acute ..	27	21	45	3	...	20	26	...	...	35	...	...	...	20	145
68 Hemiplegia	15	16	30	1	...	12	17	15	...	5	15	2	...	29	83
69 Paralysis agitans	46	32	78	...	...	13	49	16	...	10	4	13	...	12	13
70 General paralysis of insane ..	15	19	34	...	...	4	13	17	...	7	10	2	6	23	42

71 Paraplegia	5	4	9	1	4	4	1	7	1	5	1	3	9
72 Chorea	2	7	9	3	2	4	5	5	1	4	3	2	9
73 Epilepsy	39	27	63	19	29	18	43	13	2	31	12	88	66
74 Convulsions	744	635	1,420	266	1,127	46	1,392	37	4	1,182	263	1,459	1,039
75 Trismus nascentium	16	4	10	7	3	10	10	5	1	4	2	4	10
76 Tetanus	6	5	21	12	8	1	15	5	1	7	9	5	21
77 Diseases of spinal cord	28	24	48	26	17	5	33	13	1	16	8	24	48
78 Other diseases, nervous system	140	104	243	36	121	87	86	116	19	103	53	88	244
B.—ORGANS OF SPECIAL SENSE													
79 Ears and eyes	5	4	9	2	5	2	5	4	1	7	1	1	9
80 Other diseases, nose, ear and eye	5	3	3	2	3	2	2	3	1	3	1	1	3
C.—CIRCULATORY SYSTEM													
81 Endocarditis	417	390	791	87	335	335	238	457	39	464	133	210	807
82 Pericarditis	14	11	25	7	12	6	16	7	1	14	2	9	25
83 Hypertrophy of heart	16	16	32	6	18	8	11	20	3	17	4	11	32
84 Angina pectoris	33	29	62	12	28	22	16	33	5	22	13	27	62
85 Valve-disease of heart	15	8	23	3	18	2	4	17	1	5	4	14	23
86 Syncope	221	201	411	17	185	240	124	289	20	322	40	60	422
87 Aneurism	6	7	13	1	11	2	1	9	1	3	1	9	13
88 Senile gangrene	2	2	4	1	3	3	1	3	1	4	1	7	9
89 Embolism	33	36	68	14	28	27	24	41	2	23	26	20	69
90 Phlebitis	4	2	6	3	3	1	2	3	1	3	2	6	6
91 Varicose veins, circulatory system	1	1	1	1	1	1	1	1	1	1	1	1	1
92 Other diseases, circulatory system	70	71	137	24	72	45	39	82	6	52	38	51	111
D.—RESPIRATORY SYSTEM													
93 Laryngitis	2,665	2,488	4,663	1,385	2,598	770	3,006	1,380	147	2,142	780	1,822	4,753
94 Croup	55	61	115	25	76	15	97	18	1	80	7	20	116
95 Other diseases, larynx and trachea	281	231	511	22	271	22	510	5	1	293	98	121	515
96 Emphysema	8	9	17	10	6	1	12	4	1	2	3	12	17
97 Asthma	6	3	9	3	3	6	3	5	1	4	3	12	17
98 Bronchitis	40	32	71	6	36	40	23	31	7	40	5	27	59
99 Pneumonia	184	411	884	154	623	121	72	31	13	628	103	167	898
100 Typhoid pneumonia	1,482	1,075	2,501	78	1,636	481	4,386	926	101	1,442	410	1,142	2,538
101 Pharyngitis	106	131	291	122	141	37	116	131	7	36	93	171	300
102 Other diseases, respiratory system	38	19	53	15	23	19	24	26	4	29	13	24	57
103	105	106	208	93	93	25	105	89	7	28	57	126	211

Table II.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White	Colored.....	Not stated...	United States	Foreign	Not stated...	Widow.....	Widower ...	Married	Single		Placed* over 5,000 pop....	Places be- tween 500-5,000 pop....	Under 500 pop. or in country. . .		
E.—DIGESTIVE SYSTEM.	1,204	1,227		2,383	48		516	1,364	551			1,515	738	46	102	1,489	328	614	2,431
103 Stomatitis	45	41		85	1		15	19	52			29	47	2	8	61	7	18	86
104 Dentition	39	34		72	3		16	55	2			73				54	6	73	10
105 Sore throat	19	17		33	3		13	20	3			25	10		1	12	12	22	36
106 Dyspepsia.	18	9		27	6		6	18	3			19	8			16	4	22	27
107 Hematemels	2	5		7			3	3	1			4	3			1		6	7
108 Melana		1		1			1											1	1
109 Disease of stomach	82	123		202	3		59	97	49			83	100	8	14	82	37	86	205
110 Enteritis	379	325		690	14		121	508	75			612	72	7	15	553	48	123	704
111 Ulceration of intestines	20	14		34			9	16	9			16	15	1	2	16	4	8	34
112 Ileus	4	6		6	4		3	6	1			5	3	1	1	5		4	10
113 Stricture and strangulation of intestines	12	6		17	1		2	12	4			7	9		2	4	6	8	18
114 Intussusception	8	8		16			4	9	3			10	5		1	4	3	16	16
115 Hernia.....	20	17		37			9	11	17			8	21	1	7	16	8	13	37
116 Fistula	3	3		6			2	4				3	3			3		6	6
117 Peritonitis.	235	292		517	10		125	240	162			298	206	7	16	319	89	119	527
118 Ascites.	9	13		16	6		5	9	8			7	11	2	2	12	6	22	22
119 Gallstones.	1	3		4				3	1			2						2	4
120 Jaundice	30	29		49	1		19	21	10			28	19	2	1	23	10	17	50
121 Cirrhosis	35	13		48			1	11	36			6	36	2	4	48	7	48	48
122 Other diseases of liver.	69	62		130	1		27	60	44			48	68	4	11	61	32	38	131
123 Other diseases, digestive system	174	215		386	3		76	212	71			262	100	9	18	231	44	114	389
F.—LYMPHATIC SYSTEM.	14	11		25			8	14	3			11	11		3	6	4	15	25
124 Disease of lymphatics	1	1		1			1					1						1	1
125 Disease of spleen.	13	11		24			7	14	3			10	11		3	6	4	14	24
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE	7	2		9			3	3	3			5	4			3	2	4	9
126 Bronchocele	2	1		3			2	1				2	1			2		1	3
127 Addison's disease.	5	1		6			1	2	3			3	3			1		3	6

H.—URINARY SYSTEM

123 Nephritis.....	245	130	369	6	38	188	149	113	215	23	24	222	50	103	375
129 Bright's disease.....	38	28	65	1	6	39	21	34	25	2	5	48	5	13	65
130 Uremia.....	100	79	185	5	11	98	81	47	120	11	12	123	27	130	190
131 Suppression of urine.....	25	12	55	1	7	14	14	14	17	3	1	19	2	11	35
132 Calculus.....	5	2	9	4	3	3	2	4	5	4	1	2	1	5	9
133 Hematuria.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
134 Disease of bladder and prostate.....	18	1	18	1	4	7	7	3	12	3	1	7	4	7	18
135 Other diseases, urinary system.....	33	18	51	6	6	25	20	10	32	3	6	19	10	22	51
I.—REPRODUCTIVE ORGANS.....															
1.—REPRODUCTIVE ORGANS.....															
141 Reproductive organs.....	29	314	333	10	110	142	91	77	245	4	17	343			
a. <i>Organs of Generation</i>	1	89	87	3	21	38	31	21	62		7	47	13	30	90
136 Ovarian disease.....		13	13		2	6	5	4	9			6	3	4	13
137 Disease of uterus and vagina.....		58	56	2	10	26	22	7	41		7	35	6	17	58
138 Disorders of menstruation.....		12	11	1	8	3	1	9	3			3	2	7	12
139 Pelvic abscess.....		4	4	1	1	1	2	1	4		1	2	1	4	4
140 Perineal abscess.....		2	2	1	1	1	1	1	1		1	1	1	1	2
141 Disease of testes, penis, &c.....	1	1	1	1	1	1	1	1	1		1	1	1	1	1
b. <i>Parturition</i>															
142 Abortion.....		205	200	5	76	85	44	33	162		4	60	33	112	205
143 Miscarriage.....		8	8		5	2	1	2	6			2	1	5	8
144 Puerperal mania.....		19	16	3	6	11	2	3	16			19	4	10	19
145 Puerperal convulsions.....		25	25	1	12	7	3	3	22			4	5	18	25
146 Placenta previa.....		37	36	1	14	20	3	6	30		1	12	4	21	37
147 Flooding.....		3	3	1	1	1	1	1	1			1	1	2	3
148 Plegmasia dolens.....		21	23	1	9	8	7	4	19		1	9	3	24	3
149 Other complications of child-birth.....		2	2	2	1	1	1		2			1	1	2	2
K.—LOCOMOTOR SYSTEM.....															
150 Caries and necrosis.....	8	87	87		28	35	24	24	65		1	28	16	43	87
151 Arthritis.....		7	15		5	7	3	8	2		2	6	3	6	15
152 Osteitis.....	1	3	3	1	2	1		1	1		2	1	1	2	3
153 Other diseases, locomotor system.....	6	3	9		1	5	3	4	2		3	5	1	3	9
L.—INTEGUMENTARY SYSTEM.....															
154 Carbuncle.....	20	13	31	2	8	12	13	9	19	1	4	13	6	14	33
155 Phlegmon.....	5	1	6			4	2		5	1		2	2	2	6
156 Lupus.....	1	1	1			1	1		1				1	1	1

Table II.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White	Colored.....	Not stated...	Illinois	United States	Foreign	Not stated...	Single	Married		Widower	Widow	Not stated..	Places over 5,000 pop....	Places between 5,000 and 50,000 pop....	Under 50,000 pop. or in country.....
157 Uter.....	9	7	.....	14	2	.....	2	6	8	.....	2	10	.....	4	.....	7	5	16
158 Bezem.....	.....	4	.....	4	.....	.....	4	.....	.....	.....	.....	3	.....	.....	.....	.....	4	4
159 Pemphig.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
160 Other diseases, integumentary system.....	5	1	.....	6	.....	.....	2	1	3	.....	4	2	.....	.....	.....	4	.....	2
VII.—Violence	892	201	.....	1,076	20	.....	146	449	591	.....	557	474	36	29	.....	719	134	243
161 Railroad accident.....	197	22	.....	215	4	.....	9	103	107	.....	168	95	9	6	.....	165	27	219
162 Other accident.....	576	149	.....	712	13	.....	123	236	306	.....	300	293	24	18	.....	451	30	181
163 Homicide.....	24	1	.....	25	1	.....	6	11	6	.....	18	7	.....	.....	.....	13	2	10
164 Suicide.....	35	82	.....	125	2	.....	6	39	82	.....	41	78	3	5	.....	87	15	25
165 Execution.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIII.—Otherwise Unclassified	1,191	1,028	.....	2,173	46	.....	540	1,188	491	.....	1,312	632	104	111	.....	1,133	439	647
166 Dropsy.....	112	100	.....	210	2	.....	40	100	72	.....	55	107	29	30	.....	87	41	84
167 Debility.....	106	89	.....	190	5	.....	21	111	60	.....	97	60	13	25	.....	96	58	41
168 Atrophy from inanition.....	282	214	.....	523	3	.....	14	437	75	.....	442	59	16	9	.....	455	52	19
169 Northfever.....	16	13	.....	28	1	.....	4	14	11	.....	6	.....	.....	.....	.....	14	5	10
170 Tumor.....	11	23	.....	33	1	.....	5	20	9	.....	10	23	.....	.....	.....	16	13	31
171 Abscess.....	60	25	.....	85	.....	.....	21	37	24	.....	37	44	.....	.....	.....	36	16	33
172 Hemorrhage.....	31	55	.....	82	4	.....	18	40	28	.....	38	54	5	2	.....	44	21	86
173 Sun-stroke.....	73	14	.....	85	2	.....	9	22	56	.....	38	43	2	4	.....	56	16	15
174 Sudden—not stated.....	31	13	.....	31	3	.....	6	22	6	.....	8	3	.....	.....	.....	14	4	16
175 Ill-defined.....	256	219	.....	465	10	.....	107	215	93	.....	267	156	31	21	.....	191	99	185
176 Unknown.....	223	233	.....	441	15	.....	229	170	57	.....	312	122	11	11	.....	126	120	210

TABLE III.—Deaths from Specified Causes (classified) reported in 92 Counties during the year 1881: MONTHS.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February....	March	April.....	May.....	June	July	August.....	September..	October	November...	December...	
Deaths from all causes.....	2,813	2,465	2,437	2,491	2,460	1,940	3,170	3,491	2,587	2,410	2,187	2,177	30,631
I.—Specific Febrile or Zymotic Diseases	753	642	676	695	813	637	1,390	1,726	1,245	1,061	794	720	11,152
A.—Miasmatic Diseases	605	494	540	563	579	411	431	692	690	769	630	614	7,018
1 Small-pox	11	16	24	37	54	44	54	118	107	186	114	129	894
2 Varioloid													
3 Chicken-pox													
4 Measles.....	75	126	93	77	60	19	25	18	5	5	10	21	534
5 Scarlet fever	72	78	57	60	42	28	26	46	28	20	21	88	566
6 Typhoid fever	4	1	1	3	3		6	4	6	3	2	1	30
7 Influenza.....	7	1	3	1	3			1	8	3			27
8 Mumps													
9 Diphtheria.....	213	114	98	70	68	80	73	96	134	176	155	91	1,369
10 Cerebro-spinal fever.....	81	92	165	229	239	145	136	129	108	61	61	86	1,533
11 Whooping-cough	18	13	21	25	30	29	34	55	33	16	14	21	309
12 Continued fever	37	7	13	14	16	10	18	41	44	41	32	21	291
13 Enteric fever.....	81	42	58	44	59	54	57	181	212	253	218	154	1,413
14 Yellow fever.....													
15 Other miasmatic diseases.....	5	3	6	4	3	2	2	2	3	5	3	1	39
B.—DIARRHETIC DISEASES.....	25	32	36	36	132	161	858	905	417	176	85	41	2,904
16 Cholera infantum.....													
17 Cholera morbus.....	10	10	10	17	90	111	680	670	262	96	38	18	2,012
18 Winter cholera.....	3	3	3	5	7	9	38	40	13	3	2	2	131
19 Diarrhea.....	9	8	10	8	30	26	90	120	75	44	22	9	451
20 Dysentery	3	8	7	6	5	15	50	75	67	33	23	12	304

III.—Dietic Diseases

39 Starvation.....	6	3	6	8	11	6	11	13	8	11	6	1	90
40 Scurvy.....	5	1	2	1	1	.....	4	6	3	4	2	.....	23
41 Alcoholism.....	1	1	1	4	3	5	4	3	2	2	2	1	43
42 Delirium tremens.....	1	1	.....	3	3	1	3	4	3	2	2	.....	23

IV.—Constitutional Diseases.

43 Rheumatic fever.....	262	283	323	334	296	227	303	263	297	215	214	274	3,321
44 Rheumatic heart.....	2	6	6	4	3	3	1	9	.....	14	4	10	62
45 Rheumatism.....	4	5	6	2	4	4	1	.....	1	.....	1	1	29
46 Gout.....	8	6	6	8	7	3	3	4	3	5	6	2	61
47 Rickets.....	1	.....	.....	.....	1	1	1	.....	.....	.....	.....	.....	3
48 Cancer.....	13	17	25	33	28	16	30	22	20	16	14	19	243
49 Tubercles mesentericæ.....	10	15	25	21	19	21	48	42	47	34	18	11	301
50 Tubercular meningitis.....	27	21	19	17	19	16	28	15	9	19	15	10	215
51 Phthisis.....	207	199	210	231	182	144	169	153	143	153	168	210	2,169
52 Scrofula.....	7	3	9	8	15	8	11	8	3	3	6	6	87
53 Purpura.....	1	1	.....	1	1	1	.....	.....	2	.....	1	1	9
54 Anæmia.....	3	1	4	1	9	1	4	.....	1	4	2	2	43
55 Diabetes mellitus.....	3	3	6	6	3	5	4	4	4	3	2	1	48
56 Other constitutional diseases.....	6	12	7	9	6	3	3	4	1	4	2	.....	47

V.—Developmental Diseases.

57 Premature birth.....	98	76	91	82	70	72	78	63	70	74	70	78	922
58 Atelectasis.....	39	30	27	32	28	32	28	27	31	33	26	27	360
59 Cyanosis.....	4	3	3	3	3	2	2	.....	2	2	3	.....	71
60 Spina bifida.....	1	1	1	1	3	4	2	5	3	3	1	3	13
61 Other congenital diseases.....	2	1	1	2	.....	1	1	.....	1	1	2	.....	21
62 Umbilical hemorrhage.....	4	2	3	.....	.....	5	1	2	3	2	2	3	16
63 Old age.....	45	39	45	39	34	28	45	28	30	34	36	44	448

VI.—Local Diseases

64 Inflammation of brain.....	1,381	1,190	1,138	1,137	972	741	1,063	1,032	736	764	846	868	11,808
65 Apoplexy.....	240	209	253	274	305	243	349	344	289	207	191	202	3,656
66 Softening of brain.....	29	27	27	33	26	19	35	43	35	17	15	21	327
67 Hydrocephalus, not acute.....	46	32	55	30	52	49	73	73	39	51	42	53	604
68 Hemiplegia.....	5	3	6	12	17	10	5	6	5	9	5	5	88
69 Paralysis agilis.....	1	1	2	4	15	1	4	3	2	1	3	4	48
70 General paralysis of insane.....	3	6	5	4	1	1	4	2	4	3	2	1	31
71 Paraplegia.....	7	7	11	9	7	4	6	4	4	4	10	7	78
72 Chorea.....	1	2	2	1	1	2	6	2	6	4	3	1	34
73 Epilepsy.....	1	1	.....	4	1	4	.....	.....	1	.....	2	.....	9
	1	1	7	5	7	5	10	8	5	4	2	3	66

A.—NERVOUS SYSTEM

Table III.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February....	March	April.....	May.....	June.....	July.....	August	September..	October	November...	December...	
74 Convulsions.....	109	99	113	116	147	120	181	166	115	91	92	90	1,439
75 Trismus nascentium.....	1	1	2	1	1	2	4	3	1	2	1	2	10
76 Tetanus.....	3	2	1	1	2	2	5	4	1	3	3	3	21
77 Diseases of spinal cord.....	5	2	1	10	5	4	5	4	5	3	1	4	48
78 Other diseases, nervous system.....	27	20	17	35	23	19	21	29	16	15	14	8	244
E.—ORGANS OF SPECIAL SENSE.....													
79 Eristaxis.....	4	---	---	1	---	---	1	1	1	---	1	---	9
80 Other diseases, nose, ear and eye.....	1	---	---	---	---	---	1	1	1	---	---	---	3
81	3	---	---	1	---	---	---	---	---	---	---	---	6
C.—CIRCULATORY SYSTEM													
82 Endocarditis.....	93	57	64	80	69	55	54	58	47	75	78	77	807
83 Pericarditis.....	4	3	5	2	2	---	---	1	---	4	3	1	25
84 Hypertrophy of heart.....	3	3	4	7	---	6	---	1	---	4	4	1	32
85 Angina pectoris.....	2	2	1	8	1	3	4	7	2	6	10	1	32
86 Valve-disease of heart.....	4	---	---	---	---	---	3	2	1	3	3	3	23
87 Syncope.....	47	32	32	31	35	29	29	36	23	41	37	53	422
88 Aneurism.....	3	1	2	3	2	2	1	1	1	2	2	---	13
89 Senile gangrene.....	1	---	---	1	---	---	1	---	---	---	---	---	1
90 Embolism.....	1	3	6	10	2	2	6	4	6	6	12	1	49
91 Phlebitis.....	1	1	---	1	1	5	---	1	---	---	---	---	69
92 Varicose veins.....	1	---	---	---	---	---	---	---	---	---	---	---	1
Other diseases, circulatory system.....	16	11	14	14	21	7	10	9	11	10	10	8	141
D.—RESPIRATORY SYSTEM													
93 Laryngitis.....	793	692	592	540	331	211	194	187	184	251	361	417	4,753
94 Croup.....	16	6	5	7	5	7	4	9	8	13	17	19	116
95 Other diseases, larynx and trachea.....	76	66	41	39	38	13	11	19	35	59	70	42	515
96 Euphysema.....	2	3	1	---	---	3	1	1	---	---	3	1	17
97 Asthma.....	10	8	11	6	3	5	5	8	3	4	3	6	72

L.—INTEGUMENTARY SYSTEM.

154 Carbuncle	3	2	2	4	1	4	2	3	8	2	78	80	1	33
155 Phlegmon				1					2	1				6
156 Lupus														1
157 Ulcer	2	1	1	2	1			3	4	1			1	16
158 Eczema									1			2		4
159 Pemphigus														6
160 Other diseases, integumentary system	1	1	1	1			1		1					

VII.—Violence

161 Railroad accident	84	92	68	75	104	88	132	131	131	88	78	80	76	1,096
162 Other accident	25	24	18	15	20	20	15	19	15	15	22	17	9	219
163 Homicide	53	60	38	50	64	54	104	92	62	62	45	52	51	725
164 Suicide	2		1	1	2	2	2	4	2	2	4	1	4	25
165 Execution	4	8	11	9	18	12	11	16	9	9	7	10	12	127

VIII.—Otherwise Unclassified

166 Dropsy	195	179	135	159	193	168	252	263	198	173	147	157		2,219
167 Debility	27	13	14	13	29	15	14	15	18	20	18	16		212
168 Atrophy from inanition	14	20	15	16	10	28	10	13	30	14	13	12		195
169 Mortification	21	20	5	33	57	43	93	81	42	47	35	49		526
170 Tumor	1	4	2	4	3	4	2		2	1	4	2		29
171 Abscess	5	5	5	1	6	3	1	3	2	3				34
172 Hemorrhage	8	12	8	11	4	6	5	10	6	2	5	5		85
173 Sun-stroke		7	5	4	6	7	9	3	14	7	4	12		86
174 Sudden—not stated		1	1	1	2	9	39	28	5	1				87
175 Ill-defined	59	48	32	32	36	34	42	3	34	30	37	6	31	475
176 Unknown	51	48	44	37	55	17	35	50	44	44	30	21		456

TABLE IV.—Deaths from Specified Causes (classified) reported in 77 Counties during the year 1882: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
Total deaths from all causes.....	6,159	3,895	1,357	739	924	2,450	1,883	1,466	1,335	1,325	23,068
I.—Specific Febrile or Zymotic Diseases.....	2,119	1,833	815	321	298	857	348	263	163	146	7,274
A.—MIASMATIC DISEASES	843	1,340	746	271	261	704	221	154	89	66	4,741
1 Small-pox	205	259	243	34	45	287	100	61	28	17	1,346
2 Varicoid .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3 Chicken-pox .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4 Measles.....	62	137	28	8	6	3	4	1	1	.....	254
5 Scarlet fever.....	43	221	100	27	9	16	2	2	1	.....	418
6 Typhus fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7 Typhoid fever.....	3	3	2	.....	.....	3	.....	1	.....	.....	7
8 Influenza .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9 Mumps .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10 Diphtheria	107	389	234	63	19	19	4	1	1	.....	840
11 Cerebro-spinal fever.....	123	130	49	27	24	24	19	12	8	5	424
12 Whooping-cough.....	78	66	8	2	.....	1	.....	3	.....	.....	138
13 Continued fever.....	3	7	6	.....	12	23	9	7	.....	.....	94
14 Enteric fever.....	13	67	66	96	140	294	78	64	40	35	916
15 Yellow fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16 Other miasmatic diseases	144	57	7	4	6	39	5	2	3	3	273
B.—DIARRHETIC DISEASES	1,178	415	27	15	7	16	19	28	23	35	1,795
16 Cholera infantum.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17 Cholera morbus.....	890	283	13	2	.....	.....	.....	.....	.....	.....	1,198
18 "Winter cholera".....	6	10	.....	.....	1	4	3	5	4	2	43
19 Diarrhea.....	221	66	6	2	2	1	6	13	11	17	337
20 Dysentery	61	46	6	11	4	11	10	10	8	16	195

C.—MALARIAL DISEASES.										
21	Intermittent fever.....	41	53	22	19	17	37	28	26	314
22	Remittent fever.....	3	4	1	4	3	1	1	1	20
23	Relapsing fever.....	18	25	8	10	7	16	9	14	135
24	Congestive fever.....	17	12	8	5	5	11	9	10	104
25	Other malarial diseases.....	8	11	5	.....	2	9	10	6	55
D.—ZOOGENOUS DISEASES										
26	Hydrophobia.....	.....	4	6	2	3	.....	2	1	20
27	Other zoonogenous diseases.....	.....	4	3	1	3	.....	2	1	4
E.—VENEREAL DISEASES										
28	Syphilis.....	12	4	2	2	1	1	4	4	34
29	Other venereal diseases.....	12	4	2	2	1	1	4	4	34
F.—SEPTIC DISEASES										
30	Plague.....	45	18	12	12	9	99	74	50	370
31	Erysipelas.....	32	8	4	7	3	17	6	18	2
32	Pyemia.....	7	5	6	3	1	14	9	7	111
33	Septicemia.....	6	5	1	2	5	15	17	9	64
34	Puerperal fever.....	.....	.....	.....	.....	.....	63	42	15	73
II.—PARASITIC DISEASES										
35	Thrush.....	8	4	.....	.....	.....	2	3	.....	18
36	Hydatids.....	8	3	.....	.....	.....	2	.....	.....	13
37	Worms.....	.....	.....	.....	.....	.....	.....	.....	.....	3
38	Trichinosis.....	.....	1	.....	.....	.....	.....	.....	.....	2
39	Other parasitic diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III.—DIETIC DISEASES										
40	Starvation.....	4	1	.....	.....	1	10	22	24	83
41	Scurvy.....	4	1	.....	.....	.....	.....	.....	.....	5
42	Alcoholism.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
43	Delirium tremens.....	.....	.....	.....	.....	1	6	16	19	58
44	.....	.....	.....	.....	.....	.....	4	6	5	20
45	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
46	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
IV.—CONSTITUTIONAL DISEASES										
47	Rheumatic fever.....	306	185	46	53	168	540	448	280	2,501
48	Rheumatic heart.....	1	2	1	2	2	9	10	4	44
49	Rheumatism.....	1	1	1	1	12	26	20	8	18
50	Gout.....	.....	4	4	4	.....	.....	.....	.....	92

Table IV.—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years....	5-10 years...	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
47 Rickets.....	4	2	1	3	3	20	20	41	57	55	6
48 Cancer.....	5	3	3	1	2	5	8	4	5	6	241
49 Rabes mesenterica.....	50	9	7	3	3	7	4	4	7	6	99
50 Tubercular meningitis.....	43	26	18	30	134	446	356	295	1	1	1,516
51 Phthisis.....	31	41	18	30	134	446	356	295	87	28	18
52 Scrofula.....	11	7	4	1	1	5	3	1	2	1	33
53 Scrofula.....	6	4	4	1	1	5	3	1	3	1	18
54 Purpura.....	1	2	2	1	1	7	1	2	4	5	33
55 Anemia.....	1	1	2	1	1	6	5	5	4	8	41
56 Diabetes mellitus.....	149	34	6	1	4	5	11	33	14	11	259
56 Other constitutional diseases.....											
V.—Developmental Diseases	363	5				2	1	1	4	16	757
57 Premature birth.....	259									148	29
58 Atelectasis.....	19					1				188	29
59 Cyanosis.....	30	1									21
60 Spina bilida.....	17	3									31
61 Other congenital defects.....	22	1				1					20
62 Umbilical hemorrhage.....	16										25
63 Old age.....									4	16	16
										148	385
VI.—Local Diseases	2,743	1,758	387	242	304	731	892	665	655	756	9,770
A.—NERVOUS SYSTEM	1,361	523	110	89	100	182	147	186	175	184	3,211
64 Inflammation of brain.....	92	65	19	11	8	17	20	23	17	12	297
65 Apoplexy.....	41	26	16	8	7	20	30	59	57	73	394
66 Softening of brain.....	3	1	1	1	1	4	1	7	8	16	47
67 Hydrocephalus, not acute.....	48	19	3	1	1	1		1	1	1	74
68 Hemiplegia.....				1	1	1	3	3	1	4	30
69 Paralysis agitans.....									1	1	15
70 General paralysis of insane.....				1	1		11	8	5	2	35
71 Paraplegia.....					2	2			1	3	4

Table IV.—Continued.

CAUSES OF DEATH.	AGES.													
	Under 1 year	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals
108 Melana.....	20	10	7	3	4	12	10	13	11	13	13	13	13	115
109 Disease of stomach.....	113	49	7	5	6	18	8	8	9	9	1	1	1	235
110 Enteritis.....	21	5	7	5	5	21	5	2	2	2	1	1	1	27
111 Ulceration of intestines.....	1	1	1	1	1	1	1	1	1	1	1	1	1	12
112 Ileus.....	1	1	1	1	1	1	1	1	1	1	1	1	1	10
113 Stricture and strangulation of intestines.....	1	1	1	1	1	1	1	1	1	1	1	1	1	10
114 Intussusception.....	6	1	1	1	3	4	4	4	6	5	3	2	1	28
115 Hernia.....	26	23	16	21	22	60	48	22	19	21	10	21	4	290
116 Peritonitis.....	1	1	1	1	1	3	1	2	2	5	1	1	1	17
117 Peritonitis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
118 Ascites.....	17	3	1	1	1	3	3	2	1	4	10	1	1	45
119 Gallstones.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
120 Jaundice.....	3	1	4	2	6	6	12	10	13	9	1	1	1	45
121 Cirrhosis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
122 Other diseases of liver.....	184	94	4	12	11	18	35	27	20	23	6	6	1	85
123 Other diseases, digestive system.....	1	1	1	1	1	1	2	1	1	2	2	2	1	462
F.—LYMPHATIC SYSTEM.....	1	1	1	1	1	1	2	1	1	2	2	2	1	13
124 Disease of lymphatics.....	1	1	1	1	1	1	2	1	1	2	2	2	1	13
125 Disease of spleen.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....	1	1	1	1	1	1	1	1	1	1	1	1	1	6
126 Bronchocoele.....	1	1	1	1	1	1	1	1	1	1	1	1	1	3
127 Addison's disease.....	1	1	1	1	1	1	1	1	1	1	1	1	1	3
H.—URINARY SYSTEM.....	13	27	17	6	4	32	39	47	42	68	38	20	2	355
128 Nephritis.....	7	16	9	3	1	4	2	6	5	7	4	2	1	66
129 Bright's disease.....	3	3	5	2	3	20	29	35	32	36	15	6	1	190
130 Uremia.....	1	4	1	1	1	4	4	1	2	6	3	2	1	26
131 Suppression of urine.....	1	1	1	1	1	1	2	1	1	1	1	1	1	8

Table IV.—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
VII.—Violence	37	62	63	87	120	221	155	114	108	46	1,014
161 Railroad accident.....	1	1	2	16	28	36	65	27	14	7	205
162 Other accident.....	36	60	60	69	59	100	54	67	78	29	628
163 Homicide.....	1	1	1	1	7	21	15	3	4	4	68
164 Suicide.....	1	1	1	1	26	63	20	16	12	10	153
165 Execution.....	1	1	1	1	1	1	1	1	1	1	3
VIII.—Otherwise Unclassified.....	579	97	46	27	33	87	104	119	159	177	1,621
166 Dropsy.....	7	15	9	5	5	14	17	34	34	49	223
167 Debility.....	112	8	4	3	2	4	12	9	52	67	223
168 Atrophy from inanition.....	273	19	4	3	1	2	4	1	3	6	319
169 Mortification.....	1	1	1	1	1	1	1	1	1	1	21
170 Tumor.....	1	1	1	1	1	1	1	1	1	1	26
171 Abscess.....	11	3	5	2	2	9	9	7	6	5	59
172 Hemorrhage.....	13	7	4	3	3	9	24	11	10	6	93
173 Sun-stroke.....	1	1	2	1	3	4	3	5	4	3	28
174 Sudden—not stated.....	2	2	12	5	11	2	3	1	1	1	8
175 Ill-defined.....	74	25	10	6	6	25	17	23	21	18	260
176 Unknown.....	88	15	10	6	6	15	12	23	16	14	210

TABLE V.—Deaths from Specified Causes (classified) reported in 77 Counties during the year 1882: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.			LOCALITY.		Totals						
	Male	Female	Not stated...	White	Colored ¹ ...	Not stated...	Illinois	United States	Foreign	Not stated...	Widow		Widower	Married	Single	Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country...
Total deaths from all causes	12,605	10,463		22,753	315		4,412	12,771	5,885		987	830	15,363	5,948	14,567	3,672	5,489	23,068
I.—Specific Febrile or Zymotic Diseases	3,856	3,418		7,200	74		1,668	4,112	1,494		102	98	5,904	1,170	4,840	901	1,553	7,274
A.—MIASMATIC DISEASES.	2,558	2,183		4,687	54		1,088	2,618	1,065			56	3,896	740	3,297	545	899	4,741
1 Small-pox	808	538		1,335	11		23	951	372			17	999	316	1,278	36	32	1,316
2 Varioloid																		
3 Chicken-pox	1	4		5			2	3	61				4	1	2	1	2	5
4 Measles	122	125		250			31	158	61			7	242	7	189	24	37	250
5 Scarlet fever	213	205		416	2		105	258	55			3	410	8	271	66	81	418
6 Typhus fever	4	3		8			4	2	5			1	7	1	5	1	1	7
7 Influenza	3	5		8			4	4					2	1	4	2	2	8
8 Mumps	1			2			2											2
9 Diphtheria	423	407		830	10		248	491	98			1	826	11	530	106	204	840
10 Cerebro-spinal fever	225	199		415	9		180	197	47			6	379	38	293	75	116	424
11 Whooping-cough	71	87		155	3		49	95	11				156	1	96	24	39	158
12 Continued fever	48	46		92			50	34	10			3	52	35	14	31	49	94
13 Enteric fever	492	424		899	17		176	398	342			22	576	294	532	119	265	916
14 Typhoid fever	137	136		273			218	54	1			5	241	25	174	59	40	273
15 Other miasmatic diseases																		
B.—DIARRHETIC DISEASES.	951	841		1,785	10		300	1,138	297			20	1,656	96	1,189	248	558	1,795
16 Cholera infantum	624	574		1,192	6		259	848	121				1,198		895	172	221	1,198
17 Cholera morbus	1	13		43			4	12	27			5	18	16	33	4	6	43
18 Winter cholera																		
19 Diarrhea	265	152		385	2		31	249	94			10	305	37	267	37	53	357
20 Dysentery	92	103		193	2		62	79	54			5	134	43	84	33	78	195

III.—Dietic Diseases		68	15	80	3	8	21	54	35	36	4	8	60	10	13	83
39	Starvation	2	3	4	1	5	.....	.....	5	.....	.....	.....	1	1	3	5
40	Scurvy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
41	Alcoholism	40	9	56	2	13	44	44	21	26	3	8	43	7	8	58
42	Delirium tremens	17	3	20	.....	2	8	10	9	10	1	.....	16	2	2	20

IV.—Constitutional Diseases		1,284	1,217	2,451	50	446	1,241	814	1,212	1,051	104	134	1,479	342	630	2,501
43	Rheumatic fever	23	21	44	.....	6	16	22	15	24	1	4	25	8	11	44
44	Rheumatic heart	13	5	18	.....	3	5	10	8	18	2	.....	9	5	4	18
45	Rheumatism	50	42	90	2	14	40	38	31	52	3	6	57	13	22	92
46	Gout	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
47	Black-locks	4	2	6	.....	1	4	.....	6	.....	.....	.....	4	.....	2	6
48	Cancer	121	126	237	4	18	128	95	46	141	16	38	124	46	71	241
49	Tubercles mesenterics	59	40	38	1	28	53	18	70	21	4	4	58	12	29	99
50	Tubercular meningitis	59	37	30	1	45	39	12	85	10	.....	.....	46	17	33	96
51	Phthisis	734	702	1,483	33	288	686	542	689	712	64	60	870	204	412	1,516
52	Scurbia	19	19	37	1	13	21	4	28	8	1	1	15	5	18	38
53	Purpura	7	11	18	.....	4	9	5	13	5	.....	.....	11	3	4	18
54	Anemia	12	21	32	1	12	16	5	12	16	1	4	9	10	11	33
55	Diabetes mellitus	26	15	41	.....	6	23	12	15	22	3	1	16	9	16	41
56	Other constitutional diseases	137	122	252	7	8	201	50	203	32	9	15	235	10	14	259

V.—Developmental Diseases		367	390	743	14	305	238	214	388	120	89	160	396	138	223	757
57	Premature birth	140	119	219	10	259	.....	.....	259	.....	.....	.....	118	45	96	259
58	Atelectasis	12	9	21	.....	9	11	1	19	2	.....	.....	9	5	7	21
59	Cyanosis	15	16	31	.....	9	22	.....	31	.....	.....	.....	23	3	5	31
60	Spina bifida	11	9	20	.....	6	14	.....	20	.....	.....	.....	10	2	8	29
61	Other congenital defects	15	10	24	1	19	6	.....	24	.....	.....	.....	4	9	12	25
62	Umbilical hemorrhage	6	10	16	.....	1	12	3	5	5	2	4	5	6	5	16
63	Old age	108	217	382	3	2	173	210	30	142	87	156	227	68	90	385

VI.—Local Diseases		5,304	4,466	9,653	117	1,495	5,704	2,571	6,188	2,747	380	455	6,109	1,316	2,345	9,770
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A.—NERVOUS SYSTEM		1,759	1,452	3,178	33	407	2,154	650	2,377	609	97	128	2,274	383	554	3,211
64	Inflammation of brain	170	127	294	3	56	173	68	213	68	10	6	158	53	86	297
65	Apoplexy	219	175	390	4	79	158	131	131	181	38	44	183	70	141	394
66	Softening of brain	33	14	45	2	9	23	15	13	29	1	4	157	3	19	47
67	Hydrocephalus, not acute	37	37	74	.....	7	61	6	71	2	1	.....	57	11	6	74
68	Hemiplegia	15	15	30	.....	1	16	13	4	16	5	.....	15	5	8	35
69	Paralysis agitans	6	9	14	1	1	11	11	3	8	2	.....	15	2	4	15
70	General paralysis of insane	22	13	35	.....	10	14	11	10	22	1	.....	26	5	7	35
71	Paraplegia	3	1	4	.....	.....	2	2	6	3	1	.....	3	.....	1	4
72	Chorea	3	4	7	.....	3	3	1	.....	.....	.....	.....	4	.....	1	7
73	Epilepsy	46	23	68	1	14	26	29	41	24	2	3	41	13	13	69

Table V.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White	Colored	Not stated...	Foreign	United States	Illinois.....	Single.....	Married.....	Widower		Widow	Not stated...	Places over 5,000 pop....	Places between 500-5,000 pop....	Under pop. or in country.....
74 Convulsions	637	607	1,231	13	.....	139	1,010	95	.....	1,233	6	3	2	.....	1,039	99	106	500
75 Trismus nascentium	11	12	23	.....	.....	2	15	6	.....	23	.....	.....	.....	.....	20	1	1	.....
76 Tetanus	56	7	62	1	.....	15	32	16	.....	51	11	1	.....	.....	37	14	12	63
77 Diseases of spinal cord	25	9	34	.....	.....	19	14	1	.....	20	13	.....	.....	.....	9	8	17	31
78 Other diseases, nervous system	476	399	867	8	.....	52	536	27	.....	558	226	32	59	.....	652	96	127	875
B.—ORGANS OF SPECIAL SENSE.	6	.....	6	.....	.....	1	1	4	.....	3	3	.....	.....	.....	2	2	2	6
79 Epistaxis	2	.....	2	.....	.....	1	.....	.....	.....	2	.....	.....	.....	.....	.....	1	1	2
80 Other diseases, nose, ear and eye	4	.....	4	.....	.....	.....	1	3	.....	1	3	.....	.....	.....	2	1	1	4
C.—CIRCULATORY SYSTEM	302	261	554	9	.....	66	295	202	.....	147	334	39	43	.....	283	104	176	563
81 Endocarditis	6	10	16	.....	.....	2	10	4	.....	11	10	3	2	.....	11	21	31	16
82 Pericarditis	16	20	35	1	.....	3	22	8	.....	17	15	1	3	.....	20	12	14	36
83 Hypertrophy of heart	20	19	38	1	.....	6	25	11	.....	2	28	5	4	.....	21	6	12	39
84 Angina pectoris	13	11	24	.....	.....	3	13	8	.....	11	11	13	4	.....	13	5	16	34
85 Valve-disease of heart	121	94	215	3	.....	13	108	94	.....	63	127	15	12	.....	139	25	51	215
86 Syncope	5	3	8	.....	.....	.....	6	.....	.....	3	3	.....	.....	.....	3	2	3	8
87 Aneurism	4	4	8	.....	.....	.....	7	.....	.....	3	6	.....	.....	.....	6	3	5	17
88 Scallo gangrene	11	2	13	.....	.....	4	4	4	.....	3	7	2	1	.....	3	3	13	17
89 Embolism	23	24	46	1	.....	11	22	14	.....	11	31	4	1	.....	13	13	20	47
90 Phlebitis	4	4	7	1	.....	2	4	2	.....	1	5	1	1	.....	4	1	3	8
91 Varicose veins .....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	1
92 Other diseases, circulatory sys- tem	79	69	146	2	.....	22	73	53	.....	34	88	11	15	.....	48	45	55	148
D.—RESPIRATORY SYSTEM	2,113	1,672	3,729	56	.....	670	2,091	1,021	.....	2,512	924	153	166	.....	2,243	551	991	3,785
93 Laryngitis	34	40	74	.....	.....	14	54	6	.....	64	10	.....	.....	.....	49	8	17	74
94 Croup	212	222	460	4	.....	115	394	45	.....	455	9	.....	.....	.....	329	47	88	464
95 Other diseases, larynx and tra- chea	2	6	8	.....	.....	3	4	1	.....	5	3	.....	.....	.....	2	3	3	8

96 Emphysema.....	121	6	18	51	13	51	9	2	13	2	3	18
97 Asthma.....	41	51	93	8	42	28	44	10	67	9	19	95
98 Bronchitis.....	409	385	791	80	290	628	126	24	613	73	111	797
99 Pneumonia.....	1,091	754	1,852	389	530	1,072	580	102	854	342	629	1,845
100 Typhoid pneumonia.....	86	68	155	46	42	76	54	12	42	35	77	154
101 Pleurisy.....	20	10	30	1	13	16	10	4	18	6	6	30
102 Other diseases, respiratory system.....	173	127	280	14	103	183	79	12	236	26	38	300
E. DIGESTIVE SYSTEM.....												
103 Stomatitis.....	821	713	1,521	256	833	445	919	42	938	182	414	1,534
104 Dentition.....	12	8	19	9	11	17	3	.....	8	6	6	20
105 Sore throat.....	25	31	56	8	43	56	21	.....	44	5	7	56
106 Dyspepsia.....	14	11	23	11	11	3	4	.....	5	3	17	25
107 Hematemesis.....	54	6	15	5	8	2	6	1	9	1	12	15
108 Melana.....	2	1	3	1	2	.....	3	.....	2	.....	2	3
109 Disease of stomach.....	30	65	113	11	56	18	49	2	12	16	57	115
110 Enteritis.....	133	102	234	33	123	53	193	31	157	30	48	225
111 Cleavage of intestines.....	17	10	26	8	13	6	9	15	15	4	8	27
112 Ileus.....	7	5	12	4	4	4	5	6	2	5	5	12
113 Stricture and strangulation of intestines.....	8	2	10	2	5	3	6	.....	1	1	5	10
114 Intussusception.....	20	8	38	4	11	13	13	15	90	2	6	38
115 Hernia.....	22	16	37	7	15	16	16	14	26	3	9	38
116 Fistula.....	3	1	4	2	1	1	2	.....	3	.....	4	4
117 Peritonitis.....	126	161	285	43	136	111	114	136	173	33	82	290
118 Ascites.....	1	9	17	1	9	7	2	9	8	2	7	17
119 Gall-stones.....	1	1	2	.....	2	.....	2	.....	.....	.....	2	2
120 Jaundice.....	27	18	45	7	30	8	24	14	33	4	13	45
121 Cirrhosis.....	32	13	45	16	27	27	9	38	53	4	7	45
122 Other diseases of liver.....	35	50	84	13	45	43	25	43	31	18	23	85
123 Other diseases, digestive system.....	270	192	461	35	286	141	321	117	338	45	79	472
F. LYMPHATIC SYSTEM.....												
124 Disease of lymphatics.....	6	7	12	5	6	2	5	6	4	1	8	13
125 Disease of spleen.....	6	7	12	5	6	2	5	6	4	1	8	13
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....												
126 Bronchocoele.....	3	3	6	1	4	1	4	.....	3	.....	3	6
127 Addison's disease.....	1	2	3	1	2	1	3	1	2	.....	1	3
	2	1	3	1	2	1	3	1	1	.....	2	3

Table V.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White	Colored	Not stated...	Illinois.....	United States	Foreign.....	Not stated...	Widow.....	Widower...		Married.....	Single.....	Places over 5,000 pop....	Places between 500-5,000 pop	Under 500 pop. or in country.
H.—URINARY SYSTEM.	247	108	.....	352	3	.....	22	179	154	.....	113	169	42	31	214	46	95	355
128 Nephritis.....	43	23	.....	66	.....	.....	3	43	20	.....	41	16	5	4	52	5	9	66
129 Bright's disease.....	127	63	.....	188	2	.....	11	83	96	.....	48	107	12	23	111	26	56	190
130 Uremia.....	12	14	.....	26	.....	.....	3	13	10	.....	10	12	2	2	13	3	10	26
131 Suppression of urine.....	5	3	.....	8	.....	.....	3	2	2	.....	3	4	1	.....	1	2	4	8
132 Calculus.....	1	1	.....	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	1	3
133 Hematuria.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	1
134 Disease of bladder and prostate.	12	6	.....	12	.....	.....	2	7	3	.....	1	9	2	.....	2	5	5	12
135 Other diseases, urinary system.	46	4	.....	49	1	.....	.....	30	20	.....	10	19	19	9	30	5	15	50
I. REPRODUCTIVE ORGANS	7	214	.....	221	.....	.....	53	100	68	.....	34	176	1	10	103	36	82	221
a. Organs of Generation ..	7	67	.....	74	.....	.....	12	33	29	.....	12	53	1	8	29	19	26	74
136 Ovarian disease.....	.....	13	.....	13	.....	.....	4	4	5	.....	5	9	.....	3	2	5	6	13
137 Disease of uterus and vagina.....	.....	43	.....	43	.....	.....	1	21	18	.....	1	34	.....	4	20	8	15	43
138 Disorders of menstruation.....	.....	6	.....	6	.....	.....	2	3	2	.....	2	4	.....	.....	2	2	6	10
139 Pelvic abscess.....	.....	5	.....	5	.....	.....	1	2	2	.....	.....	4	.....	1	1	1	2	5
140 Perineal abscess.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
141 Diseases of testes, penis, etc.	7	.....	.....	7	.....	.....	1	3	3	.....	4	2	1	.....	4	2	1	7
b. Parturition ..	.....	147	.....	147	.....	.....	41	67	39	.....	22	123	.....	2	74	17	56	147
142 Abortion ..	.....	9	.....	9	.....	.....	.....	7	.....	.....	.....	7	.....	.....	3	.....	6	9
143 Miscarriage ..	.....	16	.....	16	.....	.....	21	5	4	.....	4	12	.....	.....	8	1	7	16
144 Puerperal mania.....	.....	12	.....	12	.....	.....	21	4	6	.....	.....	12	.....	.....	7	1	3	12
145 Puerperal convulsions ..	.....	31	.....	31	.....	.....	14	9	.....	.....	3	25	.....	.....	12	4	9	31
146 Placenta previa ..	.....	14	.....	14	.....	.....	4	8	21	.....	.....	13	.....	.....	7	1	6	14
147 Flooding ..	.....	7	.....	7	.....	.....	.....	5	.....	.....	1	6	.....	.....	6	.....	1	7
148 Phlegmasia dolens ..	.....	1	.....	1	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	1	1
149 Other complications of childbirth.	57	.....	.....	57	.....	.....	17	24	16	.....	11	44	.....	2	24	10	23	57

K.—LOCOMOTOR SYSTEM.

150 Caries and necrosis	11	9	20	.....	8	7	5	.....	14	3	2	1	.....	6	4	10	20
151 Arthritis	1	5	6	.....	1	4	1	.....	5	.....	.....	.....	.....	2	2	2	6
152 Ostitis	6	2	8	.....	4	2	2	.....	4	2	2	1	.....	2	1	5	8
153 Other diseases, locomotor system	2	2	2	.....	1	.....	1	.....	2	.....	.....	.....	.....	1	.....	.....	2
.....	2	2	4	.....	2	1	1	.....	3	1	.....	.....	.....	1	.....	3	4

L.—INTEGUMENTARY SYSTEM.

154 Carbuncle	29	27	54	2	.....	6	31	19	39	20	3	3	.....	39	7	10	56
155 Pilegmon	8	1	8	1	.....	2	2	4	1	5	1	.....	.....	3	1	4	8
156 Lupus .....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1
157 Ulcer	4	7	11	.....	.....	4	7	.....	3	8	.....	.....	.....	6	4	1	.....
158 Eczema	6	2	7	1	.....	1	7	.....	4	2	1	1	.....	6	1	1	18
159 Pemphigus .....	.....	2	2	.....	.....	2	2	.....	2	.....	.....	.....	.....	1	.....	1	2
160 Other diseases, integumentary system	11	15	26	.....	.....	2	16	8	18	5	1	2	.....	22	1	3	26

VII.—Violence

161 Railroad accident	801	243	1,010	34	.....	159	551	331	659	338	35	12	.....	697	122	225	1,041
162 Other accident	201	4	202	3	.....	36	70	99	119	73	9	4	.....	136	27	42	295
163 Homicide	439	189	617	11	.....	89	359	189	411	191	19	7	.....	465	81	142	628
164 Suicide	110	43	136	17	.....	8	30	17	25	30	.....	.....	.....	42	.....	13	55
165 Execution	3	.....	3	.....	.....	26	91	36	162	43	7	1	.....	112	13	28	153
.....	.....	.....	.....	.....	.....	.....	1	2	1	1	.....	.....	.....	2	1	.....	3

VIII.—Otherwise Unclassified

166 Dropsy	920	701	1,598	23	.....	326	894	401	902	483	129	116	.....	938	210	413	1,621
167 Debility	114	109	218	5	.....	98	95	106	64	113	16	30	.....	125	30	68	233
168 Atrophy from inanition	213	159	370	2	.....	15	220	128	133	137	68	31	.....	263	46	63	372
169 Mortification	178	141	318	1	.....	22	277	20	306	8	.....	5	.....	257	33	29	319
170 Tumor	11	11	21	.....	.....	1	9	.....	5	7	4	5	.....	7	4	10	21
171 Abscess	5	21	25	1	.....	3	14	9	4	15	2	5	.....	4	2	10	26
172 Hemorrhage	98	21	50	.....	.....	18	23	13	33	23	3	.....	.....	21	12	23	59
173 Hemorrhage	47	16	62	1	.....	19	43	31	40	48	2	3	.....	60	14	19	93
174 Sun-stroke	17	11	27	1	.....	5	13	12	11	10	3	4	.....	14	12	28	4
175 Suicide	6	2	8	.....	.....	1	6	1	6	2	.....	.....	.....	4	.....	4	8
176 Ill-defined	133	167	283	7	.....	109	104	47	156	74	12	18	.....	101	55	164	260
.....	138	74	267	5	.....	107	74	31	114	46	10	12	.....	69	42	161	212

TABLE VI.—Deaths from Specific Causes (classified) reported in 77 Counties during the year 1882. Months.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November...	December...	
Total deaths from all causes.....	2,434	2,221	2,362	1,833	1,757	1,645	1,955	2,369	1,804	1,518	1,508	1,689	23,068
I.—Specific Febrile or Zymotic Diseases.													
A.—MIASMATIC DISEASES													
1 Small-pox	825	704	675	470	461	459	744	1,021	660	495	381	376	7,274
2 Chicken-pox	731	621	589	386	391	295	220	305	283	317	302	298	4,741
3 Measles	355	328	275	145	103	61	21	4	5	14	15	20	1,316
4 Scarlet fever .....	.....	1	1	1	.....	.....	.....	.....	.....	1	.....	1	5
5 Typhoid fever	9	23	40	36	62	43	17	8	1	4	3	4	250
6 Typhus fever	58	45	38	32	29	20	9	19	20	39	60	49	418
7 Influenza	2	2	2	.....	.....	2	.....	.....	1	.....	.....	.....	7
8 Mumps	4	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	2
9 Diphtheria	98	63	68	60	64	60	40	52	54	84	97	100	840
10 Cerebro-spinal fever	41	40	53	39	46	32	36	49	26	22	16	24	424
11 Whooping-cough	9	15	13	11	18	21	19	18	18	8	5	3	158
12 Continued fever	15	10	10	3	5	4	1	4	10	10	10	9	94
13 Enteric fever	131	84	83	48	52	41	41	69	102	107	82	76	916
14 Yellow fever .....	.....	13	6	11	12	14	53	75	46	26	14	11	.....
15 Other miasmatic diseases.....	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
B.—DIARRHETIC DISEASES.....	28	26	24	28	29	97	474	629	315	108	27	10	1,795
16 Cholera infantum	6	3	3	9	8	54	358	457	218	65	16	1	1,498
17 Cholera morbus	1	2	2	.....	.....	.....	12	18	4	1	.....	.....	43
18 "Winter cholera" .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19 Diarrhea	12	16	10	11	16	33	80	98	52	17	6	6	357
20 Dysentery	31	5	4	8	5	10	24	56	41	25	5	3	191

Table VI.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February....	March	April.....	May.....	June.....	July.....	August	September ..	October.....	November...	December...	
47 Rickets.....	22	15	37	20	1	1	25	1	18	1	2	2	6
48 Cancer.....	5	7	3	9	21	20	11	25	14	11	14	13	241
49 Tubercular meningitis.....	11	8	17	14	9	5	8	14	12	9	12	6	99
50 Tubercular meningitis.....	141	128	176	110	140	134	104	127	111	108	108	129	96
51 Phthisis.....	10	3	5	7	6	6	1	3	4	1	4	3	1,516
52 Scrophula.....	5	1	1	1	1	3	1	1	4	1	3	3	38
53 Purpura.....	2	2	2	2	2	3	1	1	4	3	3	7	18
54 Anemia.....	23	1	7	3	2	2	1	1	3	1	10	7	83
55 Diabetes mellitus.....	17	12	27	14	20	29	26	37	27	15	20	5	41
56 Other constitutional diseases.....												15	259
V.—Developmental Diseases.													
57 Premature birth.....	68	68	90	73	52	70	34	54	57	59	65	67	757
58 Atelectasis.....	23	24	30	28	19	23	10	18	23	20	23	18	259
59 Cyanosis.....	5	4	2	2	1	3	3	1	2	2	4	4	21
60 Spina bifida.....	1	1	1	2	4	6	1	2	2	2	1	3	31
61 Other congenital defects.....	8	4	3	3	2	2	1	3	4	2	1	3	20
62 Umbilical hemorrhage.....	36	32	49	37	25	31	30	27	37	31	31	1	25
63 Old age.....												36	16
VI.—Local Diseases	1,017	1,012	1,106	888	820	687	711	771	671	561	662	804	3,770
A.—NERVOUS SYSTEM.	283	283	279	267	273	274	298	325	266	298	204	251	3,211
64 Inflammation of brain.....	17	31	29	32	26	22	35	27	22	19	17	20	297
65 Apoplexy.....	40	33	31	33	33	36	32	30	30	25	30	37	394
66 Softening of brain.....	3	4	7	4	6	3	3	5	3	3	3	5	47
67 Hydrocephalus, not acute.....	3	4	6	8	7	11	6	5	12	9	2	2	74
68 Hemiplegia.....	3	4	6	8	4	4	2	1	1	2	1	1	30
69 Paralysis agitans.....	4	1	1	2	3	2	1	1	1	1	1	1	13
70 General paralysis of insane.....	3	2	3	3	3	3	3	3	3	1	4	4	35
71 Paraplegia.....	1			1		3	1	1		1	1		4

Table VI.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals.....
	January.....	February....	March	April.....	May.....	June.....	July.....	August	September ..	October	November...	December...	
108 Melana.....	8	12	9	10	17	6	10	13	8	8	8	6	115
109 Disease of stomach	17	12	15	7	24	14	38	41	14	14	9	12	235
110 Enteritis.....	1	1	1	1	2	2	8	3	3	1	1	3	27
111 Ulceration of intestines .....	...	...	...	...	...	1	...	3	1	1	1	1	12
112 Ileus.....	...	3	1	5	3	1	3	2	1	2	6	1	10
113 Stricture and strangulation of intestines.....	...	1	2	1	3	1	3	4	4	1	1	2	28
114 Intussusception.....	7	4	15	1	2	4	2	4	4	1	1	2	38
115 Hernia.....	...	4	1	1	1	...	...	1	1	1	1	1	8
116 Fistula.....	...	...	...	...	...	...	...	...	...	...	...	...	4
117 Peritonitis.....	26	29	32	26	35	21	22	28	18	17	22	24	290
118 Ascites.....	5	1	1	2	2	1	1	2	...	1	...	2	17
119 Gallstones.....	...	...	...	...	...	...	...	...	...	...	...	...	9
120 Jaundice.....	6	6	7	4	2	5	4	5	2	2	1	2	45
121 Cirrhosis.....	4	4	3	...	...	3	4	4	2	2	4	1	45
122 Other diseases of liver.....	10	6	5	6	6	13	4	10	8	5	5	7	85
123 Other diseases, digestive system.....	25	31	28	44	37	35	52	94	55	22	24	15	462
F.—LYMPHATIC SYSTEM.													
124 Disease of lymphatics.....	1	2	3	1	...	3	1	...	2	...	...	...	13
125 Disease of spleen.....	1	2	3	1	...	3	1	...	2	...	...	...	13
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.													
126 Bronchocele.....	1	...	...	2	...	...	1	1	...	1	...	...	6
127 Addison's disease.....	1	...	...	1	1	...	1	1	...	1	...	...	3
...	...	...	...	1	...	...	...	...	...	...	...	...	3
H.—URINARY SYSTEM.													
128 Nephritis.....	39	28	29	32	22	23	31	14	31	32	39	35	355
129 Bright's disease	7	5	3	9	4	2	9	1	8	5	9	4	66
130 Uremia.....	22	15	18	15	9	16	16	9	16	19	17	18	190
131 Suppression of urine.....	2	3	3	1	1	1	1	1	1	2	3	9	26
...	3	...	...	...	1	...	1	...	1	...	...	1	8

Table VI.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January.....	February....	March.....	April.....	May.....	June.....	July.....	August.....	September..	October.....	November...	December...	
VII.—Violence	93	68	59	80	70	107	97	125	84	86	71	104	1,044
161 Railroad accident.....	27	20	6	25	13	12	5	24	18	15	17	23	205
162 Other accident.....	48	37	42	39	44	68	67	78	48	55	42	60	628
163 Homicide.....	3	5	2	9	2	10	8	6	1	2	1	10	55
164 Suicide.....	15	6	8	14	11	17	17	17	12	14	11	11	153
165 Execution.....			1						2				3
VIII.—Otherwise Unclassified	166	141	139	121	117	106	152	166	119	134	137	123	1,621
166 Dropsy.....	23	23	21	19	15	23	18	16	8	22	18	17	223
167 Debility.....	38	47	41	27	21	22	23	31	27	33	28	24	253
168 Atrophy from inanition.....	22	15	20	18	24	19	31	48	44	25	29	24	372
169 Morbidity.....	1	4	1	3		2		3	1	1	1	3	21
170 Tumor.....	1	1	2	2	1	1	2	6		4	3	3	21
171 Abscess.....	7	2	5	5	3	5	8	3	4	5	6	3	26
172 Hemorrhage.....	6	8	8	4	9	5	15	10	3	10	10	5	93
173 Sun-stroke.....						7	16	5					28
174 Sudden—not stated.....				1		1	1		1		1	2	8
175 Ill-defined.....	31	20	21	28	19	8	20	31	26	18	14	30	260
176 Unknown.....	36	21	20	14	25	13	18	13	11	15	17	9	212

TABLE VII.—Deaths from Specified Causes (classified) reported in 77 Counties during the year 1883: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.													
	Under 1 year	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals.....
Total deaths from all causes.....	5,968	3,380	1,092	534	811	2,093	1,708	1,027	1,450	1,320	1,061	495	68	21,520
I.—Specific Febrile or Zymotic Diseases.....	1,763	1,520	510	172	247	467	243	151	138	102	77	41	3	5,507
A.—MIASMATIC DISEASES.....	528	1,177	450	144	202	278	107	66	64	35	29	13		3,093
1 Small-pox.....	9	16	7	2	3	7	3	3	6	1	1			58
2 Varioloid.....		2												3
3 Chicken-pox.....	1	56	5	5	4	5	1	1	1		21			107
4 Measles.....	27	361	138	24	14	14	3		2		596			596
5 Scarlet fever.....	40													
6 Typhus fever.....		1			3	3	1			2				11
7 Influenza.....	3	7	1	1										13
8 Mumps.....	2	5	2											11
9 Diphtheria.....	60	451	192	52	18	7	6	2	8	2	4	1		780
10 Cerebro-spinal fever.....	128	125	40	20	25	30	4	8	2					395
11 Whooping-cough.....	78	58	6		2	1	1							146
12 Continued fever.....	6	13	6	4	7	29	10	4	7	5	2			93
13 Enteric fever.....	10	47	50	45	124	177	75	46	38	22	14	7		655
14 Yellow fever.....														
15 Other miasmatic diseases.....	164	35	3		2	4	3	1	1	2	5	5		225
B.—DIARRHETIC DISEASES.....	1,144	341	20	4	7	9	21	28	27	30	19	20	1	1,674
16 Cholera infantum.....														
17 Cholera morbus.....	889	285	6											1,180
18 "Winter cholera".....	4	5	3		2	1	7	10	5	2	8	8		55
19 Diarrhoea.....	195	52		1	1	3	2	9	9	11	6	6		299
20 Dysentery.....	51	52	11	3	4	5	8	9	13	17	5	6	1	188

III.—Dietic Diseases

39 Starvation	9						8	25	24	14	7	3	90
40 Scurvy	9							1	2				12
41 Alcoholism							8	20	19	12	7		1
42 Delirium tremens								4	3	1			9

IV.—Constitutional Diseases

43 Rheumatic fever	157	138	49	74	189	651	541		412	301	258	119	20	1	2,870
44 Rheumatic heart		1	1	4	5	5	10		3	3	2	1			35
45 Rheumatism	3	2	5	4	6	6	11		10	8	15	5	1		18
46 Gout	1										1				75
47 Rickets		3	2				12	38	80	85	7	41	6		2
48 Cancer	2	3					5				8				347
49 Tabes mesenterica	32	17	4	2	5	5	5	2	1	2	7	8	3	1	89
50 Tubercular meningitis	40	40	5	5	5	6	5		2	3	1	1			113
51 Phthisis	34	57	19	47	156	574	446		296	169	103	48	6		1,455
52 Scrofula	21	7	3	3	2	2	2		1	5	2	1			55
53 Purpura	1	1	1			3	2		1				2		9
54 Anemia	6	1	3	1	1	3	7		3	2	7	1			37
55 Diabetes mellitus		1		2	2	6	7		3	7	11	1	1		41
56 Other constitutional diseases	17	6	4	6	5	19	12		9	15	8	9	1		111

V.—Developmental Diseases

57 Premature birth	468	3	1	1		1					32	172	213	47	933
58 Atelactasia	302														302
59 Cyanosis	21	1				1									21
60 Spina bifida	37	1													38
61 Other congenital defects	19			1											20
62 Umbilical hemorrhage	73	1													74
63 Old age	16										32	172	213	47	464

VI.—Local Diseases

2,782	1,458	354	179	256	679	631	763	771	730	537	168	14	9,322
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A.—NERVOUS SYSTEM.

1,382	412	80	39	33	107	110	149	159	179	151	50	4	2,855
64 Inflammation of brain	240	168	22	12	9	28	21	14	10	8	2		535
65 Apoplexy	33	24	4	1	2	18	25	58	61	49	15		372
66 Softening of brain	3				2	7	7	11	19	15	3	1	88
67 Hydrocephalus, not acute	28	13	2				2		1				44
68 Hemiplegia						1	1	3	6	11	4		32
69 Paralysis agitans						1	1		3	6			15
70 General paralysis of insane		1				3	13	13	9	8	3	1	52
71 Paraplegia	1					1			1	2	1		9
72 Chorea	2					1			1				9
73 Epilepsy	1	1	3	4	2	17	11	10	2	3	2	1	57

Table VII—Continued.

CAUSES OF DEATH.	AGES.													Totals.....
	Under 1 year.	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	
74 Convulsions.....	1,028	181	26	2	4	6	1	3	4	2				1,257
75 Trismus nascentium.....	21													21
76 Tetanus.....	24		4	11	9	4	5	4	4	2				67
77 Diseases of spinal cord.....	2	3	5	1		4	3	2	1	1				23
78 Other diseases, nervous system.....	19	16	7	7	2	16	18	29	34	46	54	23	3	274
B.—ORGANS OF SPECIAL SENSE.....	1		4	1		1				2	1			10
79 Epistaxis.....			2	1		1				1	1			6
80 Other diseases, nose, ear and eye.....	1		2							1				4
C.—CIRCULATORY SYSTEM.....	29	13	19	25	47	63	89	96	100	108	86	27	2	709
81 Endocarditis.....		1	4	4	8	8	6	3	3	9	8			49
82 Pericarditis.....	1	1	2	3	5	2	6	4	4	4	4	2		35
83 Hypertrophy of heart.....	1			2	6	6	5	10	14	9	6	3		61
84 Angina pectoris.....						1	2	4	4	8	4	2		29
85 Valve-disease of heart.....	3	5	6	7	13	15	34	34	41	34	35	5		230
86 Syncope.....	1	2				1	2	2	1	1	1			10
87 Aneurism.....							2	4	2		2			11
88 Senile gangrene.....							8	10	9	12	6	3		51
89 Embolism.....	4	2	2	1	5	11	8	10	9	7	5			71
90 Phlebitis.....					1	3	2	1	1					8
91 Varicose veins.....						1	1		1	1				3
92 Other diseases, circulatory system.....	18	4	5	8	5	20	21	23	23	23	23	9	2	184
D.—RESPIRATORY SYSTEM.....	846	797	167	59	85	226	187	246	267	228	175	61	5	3,349
93 Laryngitis.....	15	34	6				1	2	1		3			64
94 Croup.....	81	327	71	7	1	2	1	1	1	1				489
95 Other diseases, larynx and trachea.....							1	1			1			7
96 Empyema.....		4	1	1	2	1	1	3	7	1	2	1		19
97 Asthma.....	7	4		1	1	7	6	9	24	19	15	5	1	99

98	Bronchitis.....	336	150	22	4	51	12	14	21	34	46	44	10	1	699
99	Pneumonia.....	321	242	54	25	56	135	122	145	160	126	90	38	2	1,520
100	Typoid pneumonia.....	16	15	8	14	15	40	19	33	18	16	8	3	1	206
101	Pleurisy.....	4	2	.....	3	2	7	10	12	7	3	4	4	.....	51
102	Other diseases, respiratory system.....	66	26	6	.....	2	21	13	20	16	16	8	.....	.....	195
I.—E.—DIGESTIVE SYSTEM.....															
103	Stomatitis.....	506	198	52	41	51	135	137	150	141	135	72	15	8	1,636
104	Dentition.....	7	2	.....	1	.....	.....	1	.....	2	.....	2	.....	.....	15
105	Sore throat.....	25	20	5	.....	.....	.....	.....	1	.....	.....	.....	1	.....	45
106	Dyspepsia.....	3	8	.....	1	1	3	4	1	5	6	4	2	.....	19
107	Hematemesis.....	9	.....	1	1	1	1	.....	1	1	.....	.....	.....	.....	36
108	Melena.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	5
109	Disease of stomach.....	13	7	3	4	1	4	6	13	14	28	11	2	1	107
110	Enteritis.....	275	87	13	6	6	14	9	13	12	11	45	3	1	451
111	Ulceration of intestines.....	2	1	.....	1	1	3	6	6	4	3	2	.....	.....	30
112	Ileus.....	9	2	1	.....	.....	.....	.....	1	.....	1	.....	.....	.....	14
113	Stricture and strangulation of intestines.....	1	.....	.....	1	.....	.....	1	3	6	1	1	.....	.....	15
114	Intussusception.....	8	3	1	1	1	5	3	3	3	1	1	.....	.....	31
115	Hernia.....	4	1	.....	1	.....	1	4	8	3	5	4	2	.....	33
116	Fistula.....	.....	.....	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	5
117	Peritonitis.....	49	38	21	19	28	72	54	36	21	14	12	2	1	367
118	Ascites.....	1	1	1	.....	1	1	6	5	6	1	4	.....	.....	27
119	Gallstones.....	21	2	.....	.....	2	.....	1	2	3	5	3	1	.....	40
120	Jaundice.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	70
121	Cirrhosis.....	11	4	.....	3	6	7	8	24	18	7	4	.....	.....	135
122	Other diseases of liver.....	66	23	6	3	1	14	15	11	17	23	5	3	.....	187
123	Other diseases, digestive system.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
F.—LYMPHATIC SYSTEM.....															
124	Disease of lymphatics.....	.....	.....	.....	.....	.....	.....	1	.....	2	.....	.....	.....	.....	15
125	Disease of spleen.....	.....	1	1	.....	.....	3	.....	4	2	2	1	.....	.....	.....
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....															
126	Bronchocele.....	2	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	1
127	Addison's disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
H.—URNARY SYSTEM.....															
128	Nephritis.....	8	31	31	11	13	46	42	63	77	64	43	13	.....	412
129	Bright's disease.....	2	21	17	3	2	7	9	14	8	7	5	.....	.....	95
130	Uremia.....	2	7	6	5	8	26	17	38	51	36	20	7	.....	223
131	Suppression of urine.....	1	2	3	3	1	1	11	5	8	4	5	1	.....	51
132	Calculus.....	1	1	.....	.....	.....	1	.....	1	1	1	1	.....	.....	8
133	Hematuria.....	.....	.....	.....	.....	.....	.....	.....	.....	1	4	.....	.....	.....	4

Table VII—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year.	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals.....
134 Disease of bladder and prostate	1	1	1	1	1	1	1	3	4	5	24
135 Other diseases, urinary system.....	1	1	4	1	1	4	4	2	4	7	36
I.—REPRODUCTIVE ORGANS.					21	89	59	49	14	4	240
<i>a. Organs of Generation</i>					4	15	15	28	13	4	83
136 Ovarian disease					1	3	2	6	2	1	13
137 Disease of uterus and vagina					2	7	9	12	10	3	40
138 Disorders of menstruation					1	1	1	2	1	1	6
139 Pelvic abscess					10	10	11	7	1	1	20
140 Perineal abscess					1	1	1	1	1	1	1
141 Diseases of testes, penis, &c.					1	1	1	1	1	1	3
<i>b. Parturition</i>					17	74	44	21	1	1	157
142 Abortion					2	6	2	1	1	1	10
143 Miscarriage					2	3	7	1	1	1	12
144 Puerperal mania					4	4	4	1	1	1	17
145 Puerperal convulsions					5	30	15	4	1	1	54
146 Placenta previa					2	2	1	6	1	1	9
147 Flooding					2	2	5	1	1	1	9
148 Phlegmasia dolens					2	1	10	10	1	1	1
149 Other complications of childbirth.					2	23	10	1	1	1	45
K.—LOCOMOTOR SYSTEM											
150 Caries and necrosis	3	3	3	3	3	2	2	3	3	2	26
151 A.thritis	2	1	3	3	1	1	1	1	1	1	7
152 Ositis	1	1	1	1	1	1	1	1	1	1	3
153 Other diseases, locomotor system.		2	2	1	2	1	2	1	1	2	13

L.-INTEGUMENTARY SYSTEM..

[illegible]

VII.—Violence.

[illegible]

VIII.—Otherwise Unclassified

VIII.—Otherwise Unclassified													
666	719	108	31	24	29	72	83	104	109	146	131	43	2
Dropsy.....	2	14	5	8	4	10	14	33	34	41	42	9	216
Debility.....	57	7	1	1	5	5		4	12	34	30	1	188
Atrophy from inanition.....	478	31		2	1	1				3	39		519
Mortification.....										1	5		119
Tumor.....			2		1	7	5	27	10	9	5		52
Emphysema.....	14	5	1	1	1	17	9	13	11	6	3		72
Abscess.....				2	3	10	13	11	7	8	5		68
Hemorrhage.....	9				2	1	16	4	3	5	3		24
Sun-stroke.....	2			1	1	1		1					10
Sudden—not stated.....	174	30			1	19	1	21	26	22	18	1	250
Ill-defined.....	67	1	14	3	6	6	9	8		9	10		191
Unknown.....	36	18	8	6	9	8	9	8		14	10		

TABLE VIII.—Deaths from Specified Causes (classified) reported in 77 Counties during the year 1883: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals						
	Male	Female	Not stated	White	Colored	Not stated	Illinois	United States	Foreign	Not stated	Single	Married		Widower	Widow	Not stated	Places over 5,000 pop.	Places between 500-5,000 pop.	Under 500 pop. or in country
Total deaths from all causes.	11,643	9,877		21,108	332		4,441	11,448	5,631		13,772	5,805	714	1,229		13,583	2,691	5,246	21,520
I—Specific Febrile or Zymotic Diseases	2,816	2,691		5,449	58		1,279	3,271	957		4,563	759	81	104		3,560	661	1,286	5,507
A.—MIASMATIC DISEASES.....	1,616	1,477		3,065	28		715	1,816	562		2,692	333	25	43		2,064	347	682	3,093
1 Small-pox.	35	23		55	3		6	40	12		46	11	1			46	4	8	58
2 Varioloid.	1	2		3				3			3					3		1	3
3 Chicken-pox.	58	49		106	1		46	48	13		99	6		2		53	20	34	107
4 Measles.	286	310		594	2		94	415	87		583	12		1		438	72	86	596
5 Scarlet fever.	8	3		11			1	4	6		7	3				10		11	11
6 Typhus fever.	8	5		13			10	1	2		12			1		13	3	8	13
7 Influenza.	4	7		11				5			9					1	7	11	11
8 Mumps.	396	384		773	7		157	525	98		766	11		3		581	87	112	780
9 Diphtheria.	200	195		391	4		161	262	32		351	39	1	4		201	49	145	385
10 Cerebro-spinal fever.	73	73		145	1		51	83	12		144					94	20	32	146
11 Whooping-cough.	41	52		91	2		31	31	11		50	38	3	2		21	17	57	93
12 Continued fever.	377	278		647	8		131	265	259		413	202	15	25		411	57	187	655
13 Enteric fever.																			
14 Yellow fever.																			
15 Other miasmatic diseases.	129	96		225			2	194	20		209	7	3	6		203	12	10	225
B.—DIARRHETIC DISEASES	914	760		1,658	16		397	1,127	150		1,543	82	26	23		1,118	209	347	1,674
16 Cholera infantum.	591	539		1,123	7		272	815	43		1,120	1				795	133	292	1,130
17 Cholera morbus.	39	16		55			8	19	28			22	8	5		35	9	11	55
18 "Winter cholera".	1	1		2							2								2
19 Diarrhea.	173	126		294	5		47	212	40		251	27	12	9		208	31	60	299
20 Dysentery.	116	78		184	4		70	79	39		139	34	6	9		79	36	73	188

C.—MALARIAL DISEASES.....									
	144	138	274	81	95	117	70	172	75
21 Intermitteut fever.....	10	12	22	2	7	11	4	18	3
22 Remittent fever.....	42	40	80	2	36	41	14	58	20
23 Congestive fever.....	52	42	80	5	38	30	26	48	33
24 Other malarial diseases.....	40	35	74	1	14	35	26	48	19
D.—ZOÖGENOUS DISEASES									
25 Hydrophobia.....	.....	3	3	.....	2	.....	1	1	2
26 Other zoonogenic diseases.....	.....	2	2	.....	1	.....	1	1	1
E.—VENEREAL DISEASES.....									
27 Syphilis.....	22	11	30	3	7	14	12	21	6
28 Other venereal diseases.....	22	11	30	3	7	14	12	21	6
F.—SEPTIC DISEASES									
29 Phagedena.....	120	302	419	3	63	197	162	134	261
30 Erysipelas.....	54	46	100	.....	17	47	36	58	36
31 Pyæmia.....	34	27	61	.....	16	36	19	37	22
32 Septicæmia.....	32	68	97	3	10	61	29	28	64
33 Puerperal fever.....	.....	161	161	.....	39	53	78	11	149
II.—Parasitic Diseases									
34 Thrush.....	12	8	19	1	5	12	3	18	2
35 Hydatids.....	10	6	15	1	3	12	1	16	.....
36 Worms.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
37 Trichiniasis.....	1	2	3	.....	2	.....	1	2	1
38 Other parasitic diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III.—Dietic Diseases									
39 Starvation.....	69	21	88	2	16	30	44	35	45
40 Scoury.....	8	4	11	1	8	4	.....	11	1
41 Alcoholism.....	53	15	67	1	6	23	30	23	35
42 Delirium tremens.....	8	1	9	.....	2	2	5	1	8
IV.—Constitutional Diseases.....									
43 Rheumatic fever.....	17	18	35	.....	556	1,204	1,130	1,229	1,347
44 Rheumatic heart.....	12	6	18	.....	11	11	13	15	19
45 Rheumatism.....	38	37	71	1	10	33	32	30	35
46 Gout.....	2	.....	2	.....	1	1	1	2	2

	103	41	138	282
.....	6	3	13	22
.....	23	17	51	41
.....	24	17	57	44
.....	50	8	17	75
.....
.....	.....	2	1	3
.....	.....	2	.....	2
.....	.....	.....	.....	1
.....
.....	25	.....	8	33
.....	25	.....	8	33
.....
.....	250	62	110	422
.....
.....	64	5	31	100
.....	38	11	12	61
.....	61	20	19	100
.....	87	26	48	161
.....
.....	14	1	5	20
.....	12	1	3	16
.....
.....	1	.....	2	3
.....	1	.....	.....	.....
.....
.....	67	6	17	90
.....	4	2	6	12
.....	.....	.....	1	1
.....	51	4	10	68
.....	9	.....	.....	9
.....
.....	1,746	413	731	2,800
.....
.....	19	4	12	35
.....	45	1	3	18
.....	42	13	20	75
.....	2	.....	.....	2

Table VIII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White.....	Colored.....	Not stated...	Illinois.....	United States	Foreign	Single	Married	Widower		Widow	Not stated...	Places over 5,000 pop...	Places between 5,000 and 500 pop...	Under 500 pop. or in country ...
47 Rickets.....	1	2		3			1	2	202		8	210	27	62		218	52	1
48 Cancer.....	131	213		343			22	123	292		48	210	27	62		218	52	347
49 Typhoid fever.....	40	49		89			44	29	16		66	12	4	7		41	12	89
50 Tubercular meningitis	58	55		109			35	70	8		103	8		2		67	36	113
51 Pathosis.....	1,008	947		1,896			371	811	773		881	960	61	103		1,188	481	1,955
52 Scrofula.....	20	26		49			31	20	4		41	9	4	1		17	13	55
53 Purpura.....	4	5		9			1	4	4		4	3	1	1		5	5	9
54 Anemia.....	9	28		37			11	16	10		14	20	1	2		20	5	12
55 Diabetes mellitus.....	28	13		41			6	21	14		12	27	1	1		17	7	41
56 Other constitutional diseases	53	58		108			13	53	45		58	33	3	17		93	6	111
V.—Developmental Diseases.																		
57 Premature birth.....	467	471		925			381	315	242		509	112	109	208		520	147	938
58 Atelectasis.....	154	148		295			302	17			302					168	36	302
59 Cyanosis.....	17	7		24			7				24					12	4	8
60 Spina bifida.....	21	17		38			21	17			38					16	8	38
61 Other congenital defects.....	11	9		20			4	15	1		20					10	2	8
62 Umbilical hemorrhage.....	41	33		74			13	61			74					56	10	8
63 Old age.....	8	8		16			2	14			16					11	4	16
	215	219		458			32	191	211		35	112	109	208		247	86	464
VI.—Local Diseases.	5,079	4,243		9,182			1,620	5,334	2,368		5,740	2,719	309	554		5,991	1,090	9,322
A.—NERVOUS SYSTEM.																		
64 Inflammation of brain.....	1,023	1,252		2,836			390	1,996	469		2,105	526	79	145		2,040	363	512
65 Apoplexy of brain.....	292	243		529			65	396	74		458	62	7	8		413	47	75
66 Softening of brain.....	215	157		368			78	124	173		111	184	26	51		201	48	123
67 Hydrocephalus, not acute.....	51	37		87			16	40	82		15	50	10	13		41	12	35
68 Hemiplegia.....	27	17		44			8	36			42	2				33	4	41
69 Paralysis agitans.....	15	12		32			1	12	19		5	18	1	8		15	11	6
70 General paralysis of insane.....	8	7		15			1	10	4		2	8	3	6		6	1	15
71 Paraplegia.....	30	22		52			11	25	16		15	28	3	1		37	4	52
	6	3		9			1	2	6		3	4	1	1		4		9

72 Chorea.....	5	4	9	1	6	9	7	9	6	2	6	8	9
73 Epilepsy.....	29	28	57	15	27	34	34	17	27	6	27	6	21
74 Convulsions.....	715	542	1,246	145	1,083	1,245	1,245	9	1,083	116	1,083	116	102
75 Trismus nascentium.....	10	11	20	5	15	19	19	1	14	6	14	6	21
76 Tetanus.....	56	11	64	15	41	56	56	10	46	6	46	6	13
77 Diseases of spinal cord.....	14	9	23	5	12	14	14	8	14	1	14	1	8
78 Other diseases, nervous system.....	150	124	272	23	170	79	79	123	144	44	144	44	86
B.—ORGANS OF SPECIAL SENSE.....													
79 Epistaxis.....	8	2	10	1	7	7	7	3	7	1	7	1	2
80 Other diseases, nose, ear and eye.....	6	2	6	1	4	4	4	2	5	1	5	1	6
C.—CIRCULATORY SYSTEM.....													
81 Endocarditis.....	392	317	698	96	331	248	248	348	448	101	448	101	169
82 Pericarditis.....	26	23	48	6	23	23	23	22	42	3	42	3	4
83 Hypertrophy of heart.....	16	19	35	7	13	19	19	14	21	4	21	4	10
84 Angina pectoris.....	36	25	60	8	29	19	19	34	35	9	35	9	17
85 Valve-disease of heart.....	11	15	29	8	11	5	5	3	18	4	18	4	7
86 Syncope.....	126	104	225	25	94	72	72	111	133	33	133	33	44
87 Anæmia.....	5	5	10	1	6	3	3	6	5	3	5	3	2
88 Senile gangrene.....	11	4	18	1	5	2	2	8	7	1	7	1	3
89 Embolism.....	40	31	70	18	35	21	21	43	34	10	34	10	18
90 Phlebitis.....	1	7	8	1	5	2	2	5	6	2	6	2	8
91 Varicose veins.....	2	1	3	1	2	1	1	1	2	1	2	1	3
92 Other diseases, circulatory system.....	101	83	182	22	102	80	80	75	115	39	115	39	184
D.—RESPIRATORY SYSTEM.....													
93 Laryngitis.....	1,874	1,475	3,285	732	1,798	2,199	2,199	823	1,906	404	1,906	404	979
94 Croup.....	34	36	63	12	41	56	56	5	41	5	41	5	18
95 Other diseases, larynx and trachea.....	254	235	484	129	393	487	487	1	314	56	314	56	119
96 Emphysema.....	2	5	7	2	4	4	4	2	4	1	4	1	2
97 Asthma.....	14	9	19	3	13	7	7	9	12	3	12	3	4
98 Bronchitis.....	57	42	96	30	62	26	26	43	64	16	64	16	19
99 Pneumonia.....	87	80	167	104	149	537	537	108	523	56	523	56	129
100 Typhoid pneumonia.....	87	63	147	37	74	854	854	14	762	218	762	218	689
101 Pleurisy.....	123	83	204	63	90	92	92	6	77	23	77	23	106
102 Other diseases, respiratory system.....	34	17	51	12	25	20	20	24	27	4	27	4	29
tem.....	113	82	192	24	114	116	116	59	142	22	142	22	31

Table VIII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.			Totals			
	Male	Female	Not stated...	White	Colored	Not stated...	Illinois.....	United States	Foreign	Not stated...	Widow	Widower	Married		Single	Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country
157 Ulcer	9	7		16			2	4	10		4	6	3		12	1	3
158 Eczema	4	2		6				5	1		6				5		1
159 Pemphigus																	
160 Other diseases, integumentary system	2	1		3			1	1	1		3				1		2
VII.—Violence	945	307		1,123	29		260	388	504		662	431	30	29	725	146	231
161 Railroad accident	217	16		230	3		65	66	102		146	79	4	4	143	35	55
162 Other accident	544	156		682	18		138	267	273		430	231	16	23	439	83	178
163 Homicide	39	6		41	4		10	15	20		26	18	1		21	3	16
164 Suicide	145	29		170	4		57	40	107		60	103	9	2	119	23	82
165 Execution																	174
VIII.—Otherwise Unclassified	822	779		1,574	27		324	894	383		1,016	380	68	127	960	227	411
166 Dropsy	94	122		213	3		23	80	113		49	115	11	41	134	37	45
167 Debility	84	99		181	2		28	64	91		79	43	21	40	128	21	34
168 Atrophy from inanition	26	253		513	6		12	496	11		512	3	2	2	422	53	44
169 Mortification	12	2		14			3	7	4		1	10	1	3		7	11
170 Tumor	20	32		51			4	21	27		10	31	3	8	31	10	11
171 Abscess	50	26		75	1		14	40	32		32	37	5	2	45	10	21
172 Hemorrhage	34	32		66			13	29	24		24	30	4	8	37	7	22
173 Sun-stroke	19	5		24			6	5	13		10	9	3	3	10	3	11
174 Sudden—not stated	3	7		7	3		6	4	4		6	3					7
175 Ill-defined	140	110		246	4		112	83	55		149	73	13	15	104	38	108
176 Unknown	100	91		184	7		103	65	23		144	36	5	6	49	38	101

TABLE IX.—Deaths from Specified Causes (classified) reported in 77 Counties during the year 1883: MONTHS.

CAUSES OF DEATH.	MONTHS.												Totals.....
	January,...	February....	March.....	April.....	May.....	June.....	July.....	August.....	September..	October.....	November...	December...	
Total deaths from all causes.....	1,853	1,788	1,976	1,779	1,639	1,486	2,323	2,059	1,854	1,527	1,413	1,793	21,520
I.—Specific Febrile or Zymotic Diseases.													
A.—MIASMATIC DISEASES.....													
1 Small-pox.....	355	319	366	336	343	341	913	807	583	381	321	442	5,507
2 Varioloid.....													
3 Chicken-pox.....													
4 Measles.....													
5 Scarlat fever.....	268	220	264	245	231	200	292	289	276	256	242	361	3,003
6 Typhus fever.....	12	14	11	7	9	3							58
7 Influenza.....													
8 Mumps.....													
9 Diphtheria.....													
10 Cerebro-spinal fever.....	78	61	60	55	52	43	40	60	55	69	81	126	780
11 Whooping-cough.....	38	39	41	40	36	31	29	27	19	27	27	41	395
12 Continued fever.....	13	11	15	7	11	11	17	23	23	8	5	4	146
13 Enteric fever.....	2	8	4	5	6	5	6	8	18	14	9	9	93
14 Yellow fever.....	41	31	39	33	29	34	39	79	76	88	75	94	653
15 Other miasmatic diseases.....	15	11	21	8	16	20	45	38	22	10	8	11	225
B.—DIARRHETIC DISEASES.....													
16 Cholera infantum.....	20	12	28	23	33	106	628	464	228	66	32	34	1,674
17 Cholera morbus.....													
18 "Winter cholera".....	2	1	11	6	18	76	494	325	188	34	14	11	1,130
19 Diarrhea.....	1				1	3	18	19	8	5			55
20 Dysentery.....	11	7	12	11	10	18	75	68	47	12	11	17	299
	5	3	5	6	4	9	41	52	35	15	7	6	188

III.—Dietic Diseases

38 Starvation	7	5	9	4	11	4	10	6	10	6	8	10	90
39 Scurvy	2				4		3	1	1			1	12
40 Scurvy	3	4	8	4	6		6	5	9		6	9	68
41 Alcoholism	2	1	1		1		1			2	1		9
42 Delirium tremens													

IV.—Constitutional Diseases

43 Rheumatic fever	282	227	281	271	250	224	224	235	241	184	186	275	2,800
44 Rheumatic heart	2	3	4	6	3	5	4					5	35
45 Rheumatism	1	3	1	1	1	3	3	2	2	1			18
46 Gout	8	8	9	12	9	6	5	4	4	2	4		75
47 Rickets	1				1								9
48 Cancer	31	29	18	26	26	24	23	32	33	25	31	43	347
49 Tabes mesenterica	10	9	11	4	4	4	7	13	10	5	5	8	80
50 Tubercular meningitis	11	3	16	19	7	4	8	8	8	14	7	8	113
51 Phthisis	193	148	193	185	171	155	155	152	158	121	136	188	1,055
52 Scrofula	3	5	1	5	8	1	5	6		3	4		55
53 Purpura	1		1	1	1	1						3	4
54 Anemia	4	2	6	3	2	5			3	5		4	37
55 Diabetes mellitus	6	4	3	2	3	4	4	3	3	1	3	4	41
56 Other constitutional diseases	11	11	12	4	11	10	10	11	13	5	5	8	111

V.—Developmental Diseases

57 Premature birth	88	92	88	76	74	59	97	71	75	66	72	80	938
58 Atelectasis	24	29	30	23	25	19	43	20	20	20	21	28	302
59 Cyanosis	11	2	1	2	1	3	3	3	5	1			24
60 Spina bilida	6	1	2	1	1	2	3	4	5	5	4	3	38
61 Other congenital defects	3	3	7	6	7	6	1	1	1	1	4	2	20
62 Umbilical hemorrhage	2	1	1	2		2	2	9	2	8	5	7	74
63 Old age	47	51	47	40	39	27	40	32	36	31	31	40	464

VI.—Local Diseases

	943	954	992	874	780	611	808	671	702	611	612	774	9,322
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A.—NERVOUS SYSTEM.

64 Inflammation of brain	236	222	230	233	255	203	346	248	226	191	179	236	2,855
65 Apoplexy	42	43	53	48	56	42	57	45	51	28	38	32	535
66 Softening of brain	32	32	31	31	38	29	42	36	30	28	19	30	372
67 Hydrocephalus, not acute	11	8	9	6	12	1	13	10	4	7	5	2	88
68 Hemiplegia	4	5	1	6	4	2	8	2	5			4	44
69 Paralysis agitans	4	5	3	2	1	2	4		2	1	4	4	32
70 General paralysis of insane	1	1	2	2	1	1	2		2	2			15
71 Paraplegia	8	7	2	2	3	4	5	4	5	4	4	5	52
72 Chorea	1				3	1			2	1	1	1	9
73 Epilepsy	2	3	1	6	5	4	3	5	8	1	4	8	57

Table IX.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September	October	November	December	
74 Convulsions.....	106	92	131	99	104	87	167	116	78	83	74	129	1,257
75 Trismus nascentium.....	1	1	4	1	1	1	1	2	3	5	2	21	27
76 Tetanus.....	4	2	3	1	7	3	15	3	3	3	6	6	47
77 Diseases of spinal cord.....	1	4	3	1	1	2	3	3	3	3	3	21	27
78 Other diseases, nervous system.....	19	17	30	27	21	26	21	23	23	22	19	20	274
B.—ORGANS OF SPECIAL SENSE.....	3		3				2			1		1	10
79 Epistaxis.....	1		3				2						6
80 Other diseases, nose, ear and eye.....	2									1		1	4
C.—CIRCULATORY SYSTEM.....	71	67	70	71	63	43	48	58	68	52	46	52	709
81 Endocarditis.....	12	5	6	6	21	21	3	3	2	2	2	4	49
82 Pericarditis.....	4	3	7	3	5	3	3	3	3	1	3	4	35
83 Hypertrophy of heart.....	3	6	4	5	10	21	5	3	5	1	2	1	61
84 Angina pectoris.....	3	2	3	3	3	1	1	2	5	3	5	3	29
85 Valve-disease of heart.....	27	18	20	27	17	14	8	21	25	16	18	19	230
86 Syncope.....	1	2	1	1	1		1		1		2	2	10
87 Aneurism.....	2	1	3		1		1				1	1	11
88 Senile gangrene.....	1	1	1	4	5		1	1	2	1	1	2	18
89 Embolism.....	8	7	10	7	5	3	6	5	11	6	1	1	71
90 Phlebitis.....	2	2	3	2	2	1	2					1	8
91 Varicose veins.....	1											1	3
92 Other diseases, circulatory system.....	8	20	16	12	18	17	17	18	17	14	13	14	181
D.—RESPIRATORY SYSTEM.....	403	484	449	360	252	164	124	138	196	222	241	316	3,349
93 Laryngitis.....	6	9	6	6	3	4		7	5	8	8	5	64
94 Croup.....	57	43	46	39	22	20	13	15	40	62	70	62	489
95 Other diseases, larynx and trachea.....		1	3		1						1		7
96 Empysema.....	2	1	5	2	1	2		1	1	1	1	2	19
97 Asthma.....	6	15	14	10	5	7	6	6	71	10	6	7	99

98	Bronchitis	821	79	92	73	66	45	35	34	52	39	34	68	699
99	Pneumonia	201	278	228	181	130	57	43	44	62	69	85	139	1,529
100	Typhoid pneumonia	26	31	36	26	7	14	5	9	10	11	22	17	206
101	Pleurisy	101	11	8	6	3	4	2	3	6	6	2	3	51
102	Other diseases, respiratory system	18	19	16	20	13	11	20	21	16	16	12	13	195
E.—DIGESTIVE SYSTEM														
	E.	114	111	118	120	129	136	234	182	151	118	103	111	1,636
103	Stomatitis		1	1		1		2	3	3		2	2	15
104	Dentition		3	4	3	4	3	7	10	4	1	3		45
105	Sore throat		3		2		4		2	2				19
106	Dyspepsia		3	3	5	3	3	5	4	2	4	2	1	36
107	Hematemesis		1		1			1				1	1	5
108	Melana				1								1	4
109	Disease of stomach		11	10	7	6	9	14	15	10	5	8	10	107
110	Enteritis	25	14	23	30	31	35	101	79	52	21	15	19	451
111	Ulceration of intestines	8	3	4	2	1	1	2	3	3	1		2	39
112	Ileus		4	2			2	3	1	4			1	14
113	Stricture and strangulation of intestines		1		2		2	3	1					15
114	Intussusception		1	1	2	1	3	5	4	1	3	6	3	33
115	Hernia		5	3	5	4	2	1	4	1	1	1	1	5
116	Fistula													
117	Peritonitis	32	27	32	31	31	26	41	19	30	35	22	35	367
118	Ascites	3	3	3	3	2	3	5	3	3	5	4	4	40
119	Gallstones	3	4	4										
120	Jaundice													
121	Cirrhosis	7	7	2	7	10	5	5	6	1	8	8	4	70
122	Other diseases of liver	8	13	12	11	10	21	13	6	1	11	8	11	135
123	Other diseases, digestive system	7	13	12	19	16	15	23	21	19	13	18	11	187
F.—LYMPHATIC SYSTEM														
	F.		1	1	3		4	1	1	2			2	15
124	Disease of lymphatics													
125	Disease of spleen		1	1	3		4	1	1	2			2	
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE														
126	Bronchocela							1						4
127	Addison's disease							1						3
	G.							1						1
H.—URINARY SYSTEM														
	H.	43	44	34	46	47	36	27	31	33	39	26	36	442
128	Nephritis													
129	Bright's disease	11	10	6	7	9	10	1	9	8	12	5	7	95
130	Gravida	16	21	20	23	20	19	22	13	16	21	17	15	223
131	Suppression of urine	6	5	5	7	7	2		3	4	3	2	7	51
132	Calculus		1	1	1	2			2	1	1		1	8
133	Hematuria	2							1	1				1

Table IX.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January.....	February..	March	April.....	May.....	June	July	August	September..	October.....	November...	December...	
134 Disease of bladder and prostate.....	3	4	.....	5	4	1	.....	2	1	.....	2	2	24
135 Other diseases, urinary system	5	3	.....	4	5	4	.....	1	2	.....	.....	4	36
I.—REPRODUCTIVE ORGANS.....	30	23	29	24	19	19	20	11	24	12	13	16	240
<i>a. Organs of Generation.....</i>	9	8	11	5	5	8	7	4	10	5	5	6	83
136 Ovarian disease.....	1	1	2	.....	.....	1	2	1	2	2	1	.....	13
137 Disease of uterus and vagina.....	5	4	6	2	2	3	3	3	6	2	.....	3	40
138 Disorders of menstruation.....	.....	.....	.....	1	1	2	.....	.....	1	.....	.....	1	6
139 Pelvic abscess.....	2	2	3	2	1	2	2	.....	1	1	3	1	20
140 Perineal abscess.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
141 Diseases of testes, penis, etc.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1	3
<i>b. Parturition.....</i>	21	15	18	19	11	11	13	7	14	7	8	10	157
142 Abortion.....	1	1	1	1	.....	2	1	.....	.....	.....	3	1	10
143 Miscarriage.....	2	.....	.....	.....	1	.....	.....	2	.....	1	.....	3	12
144 Puerperal mania.....	.....	1	2	2	1	1	4	.....	1	.....	.....	3	12
145 Puerperal convulsions.....	6	2	6	11	4	5	3	2	6	3	2	1	17
146 Placenta previa.....	3	1	1	1	1	.....	.....	1	.....	.....	.....	4	14
147 Flooding.....	.....	2	4	.....	.....	.....	.....	1	.....	1	1	.....	9
148 Pilegmiasia dolens.....	.....	.....	.....	.....	.....	2	5	2	6	.....	.....	.....	9
149 Other complications of childbirth.....	8	4	3	4	7	2	.....	2	.....	2	1	1	45
K.—LOCOMOTOR SYSTEM.....	1	.....	2	2	7	2	4	1	1	2	2	2	26
150 Caries and necrosis.....	.....	.....	1	1	.....	2	1	.....	1	.....	1	.....	7
151 Arthritis.....	.....	1	1	.....	.....	.....	.....	.....	.....	1	.....	.....	3
152 Osteitis.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	1	1	3
153 Other diseases, locomotor system .....	.....	.....	.....	1	6	.....	2	1	.....	1	1	1	13

L.—INTEGRATORY SYSTEM.

154 Carbuncle.....	2	2	5	6	8	3	1	1	4	2	2	36
155 Phlegm m.....	1	1		1	1	1	1	1	2	1	1	8
156 Lupus.....	1	1										3
157 Ulcer.....	1	1	2	1	6	2						16
158 Eczema.....	1	1	3	1	1	1		1	2	1		6
159 Pemphigus.....												3
160 Other diseases, integratory system				3								

VII.—Violence.

161 Railroad accident.....	76	65	95	90	103	130	115	92	108	95	87	1,152
162 Other accident.....	11	13	17	19	16	21	16	18	24	34	19	233
163 Homicide.....	47	40	55	51	65	87	82	55	65	47	55	700
164 Suicide.....	5	7	7	2	3	3	3	1	6	5	3	45
165 Execution.....	13	6	16	18	19	19	14	18	14	11	12	174

VIII.—Otherwise Unclassified.

166 Dropsy.....	142	125	143	128	106	115	154	172	146	140	106	1,691
167 Delirium.....	14	16	19	21	11	19	15	16	22	25	17	216
168 Atrophy.....	10	24	14	19	6	10	18	14	21	17	13	183
169 Mortification.....	39	2	43	43	33	27	56	75	50	47	41	519
170 Tumors.....	1	1	1		1	2						14
171 Abscess.....	5	2	9	6	1	8	8	5	8	2	3	52
172 Hemorrhage.....	13	7	6	2	5	5	8	5	3	3	3	76
173 Sun-stroke.....	9	6	8	5	5	5	3	5	1	6	4	10
174 Spasmodic.....							12	10				9
175 Spasmodic—hot stated.....	1	1	1	2		2						2
176 Unknown.....	31	26	19	19	93	17	20	24	17		7	250
	19	13	23	11	21	18	19	17	18	12	13	191

TABLE X.—Deaths from Specified Causes (classified) reported in 85 Counties during the year 1884: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.									
	Under 1 year	Between 1 and 5 years	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	Totals
Total deaths from all causes.....	6,384	3,899	996	501	743	2,098	1,805	1,491	1,367	22,342
I.—Specific Febrile or Zymotic Diseases.										
A.—Miasmatic Diseases	1,915	1,889	527	183	298	478	303	175	133	6,066
1 Small-pox	585	1,381	472	155	159	273	171	79	64	3,406
2 Varioloid	1	1	1	1	1	3	3	1	1	10
3 Chicken-pox	1	1	1	1	1	1	1	1	1	1
4 Measles	95	198	24	6	5	5	3	1	1	336
5 Scarlet fever	33	304	116	15	6	6	3	1	1	479
6 Typhus fever	1	1	1	2	1	5	3	1	1	15
7 Influenza	6	4	3	1	1	1	1	1	1	18
8 Mumps	2	1	1	1	1	1	1	1	1	4
9 Diphtheria	68	477	215	45	13	11	3	1	1	833
10 Cerebro spinal fever	268	262	62	28	26	36	31	16	11	732
11 Whooping-cough	96	66	4	2	1	1	1	2	2	168
12 Continued fever	5	14	9	6	15	25	19	13	9	127
13 Enteric fever	11	53	36	51	94	182	106	45	42	659
14 Yellow fever	1	1	2	1	1	1	1	2	1	4
15 Other miasmatic diseases	1	1	1	1	1	1	1	1	1	1
B.—DIARRHETIC DISEASES	1,264	415	24	6	2	18	20	36	28	1,884
16 Cholera infantum.....	1,025	278	5	1	1	2	10	13	9	1,308
17 Cholera morbus.....	10	5	4	1	1	1	1	1	1	66
18 "Winter cholera"	1	1	1	1	1	1	1	1	1	3
19 Diarrhea.....	181	72	2	1	1	6	8	12	9	319
20 Dysentery	48	59	13	4	1	10	3	10	10	188

C.—MALARIAL DISEASES												
21	Intermittent fever	3	20	1	5	1	1	9	1	291		
22	Remittent fever	24	36	17	12	12	10	13	4	24		
23	Continuous fever	10	15	11	17	3	6	6	1	154		
24	Other malarial diseases	1	7	2	1	2	4	5	2	83		
D.—ZOOGENOUS DISEASES												
25	Hydrophobia		1	1	1					5		
26	Other zoonogenic diseases		1	1						5		
E.—VENEREAL DISEASES												
27	Syphilis	15	2	1	1	3	2	2	1	29		
28	Other venereal diseases	15	2	1	1	3	2	2	1	20		
F.—SEPTIC DISEASES												
29	Phagedena	43	22	9	7	32	93	20	13	451		
30	Erysipelas	32	3	5	3	3	7	6	1	108		
31	Pyemia	6	3	1	3	4	14	6	1	55		
32	Septicemia	5	16	3	1	3	14	7	2	88		
33	Puerperal fever					22	106	11	1	200		
II.—PARASITIC DISEASES												
34	Trush	11	2	1	1			1		17		
35	Hydatids	8								8		
36	Worms	1	2						1	2		
37	Trichiniasis			1	1					3		
38	Other parasitic diseases	1								1		
III.—DIETIC DISEASES												
39	Starvation	8				1	11	27	7	88		
40	Scurvy	8					1	1	1	12		
41	Alcoholism					1	7	19	5	52		
42	Delirium tremens						3	9	2	24		
IV.—CONSTITUTIONAL DISEASES												
43	Rheumatic fever	300	165	56	58	210	654	380	334	3,113		
44	Rheumatic heart			2	2	3	2	2	2	18		
45	Rheumatism		1	1	1	1	2	3	4	18		
46	Gout		1	7	1	4	8	6	1	62		

Table X.—Continued.

CAUSES OF DEATH.	AGES.											
	Under 1 year	Between 1 and 5 years	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...
Totals.....												
Over 90 years												
47 Rickets	4	5	4	1	6	15	47	90	101	105	45	6
48 Cancer	1	2	2	1	1	9	5	4	1	5	21	13
49 Tubercular meningitis	178	37	11	3	3	4	2	5	2	1	1	2
50 Tubercular meningitis	58	54	11	3	1	5	3	2	8	1	31	5
51 Phthisis	32	52	15	38	182	595	478	257	191	119	31	1
52 S. rotula	15	5	6	5	6	4	3	6	4	2	2	56
53 Purpura	1	3	1	1	1	2	1	3	1	1	1	10
54 Anemia	8	4	3	1	1	4	1	3	1	3	1	30
55 Diabetes mellitus	1	1	2	1	3	7	9	8	3	3	4	45
56 Other constitutional diseases	3	1	2	1	3	2	..	1	2	2	2	15
V.—Developmental Diseases	467	..	..	..	..	..	..	..	36	159	191	34
57 Premature birth	317	..	..	..	..	..	..	..	..	..	..	..
58 Alecteas	20	..	..	..	..	..	..	..	..	..	..	..
59 Cyanosis	30	..	..	..	..	..	..	..	..	..	..	..
60 Spina bifida	23	..	..	..	..	..	..	..	..	..	..	..
61 Other congenital defects	64	..	..	..	..	..	..	..	..	..	..	..
62 Unilateral hemorrhage	13	..	..	..	..	..	..	..	..	..	..	..
63 Old age .....	..	..	..	..	..	..	..	..	36	159	191	34
VI.—Local Diseases	2,894	1,677	314	172	295	651	670	660	701	800	605	168
VI.—Local Diseases	2,894	1,677	314	172	295	651	670	660	701	800	605	168
A.—NERVOUS SYSTEM	1,219	393	55	35	39	103	94	152	144	210	158	40
64 Inflammation of brain	45	55	15	5	7	13	4	9	2	6	4	..
65 Apoplexy of brain	91	48	9	6	10	27	33	56	55	97	49	12
66 Softening of brain .....	..	2	1	..	1	1	4	8	10	12	16	4
67 Hydrocephalus, not acute .....	..	17	1	..	..	..	..	..	..	..	..	..
68 Hemiplegia	22	..	..	1	..	..	2	3	5	11	4	2
69 Paralysis agitans .....	..	..	..	..	..	..	..	..	..	..	..	..
70 General paralysis of insane .....	..	..	..	..	..	..	..	..	..	..	..	..
71 Paraplegia .....	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..	..	..	..	..	..	..	..	..	..
70-80 years...	..	..	..	..	..	..	..	..	..	..	..	..
60-70 years...	..	..	..	..	..	..	..	..	..	..	..	..
50-60 years...	..	..	..	..	..	..	..	..	..	..	..	..
40-50 years...	..	..	..	..	..	..	..	..	..	..	..	..
30-40 years...	..	..	..	..	..	..	..	..	..	..	..	..
20-30 years...	..	..	..	..	..	..	..	..	..	..	..	..
15-20 years...	..	..	..	..	..	..	..	..	..	..	..	..
10-15 years...	..	..	..	..	..	..	..	..	..	..	..	..
5-10 years....	..	..	..	..	..	..	..	..	..	..	..	..
Between 1 and 5 years	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	2,894	1,677	314	172	295	651	670	660	701	800	605	168
Over 90 years	..	..	..	..	..	..	..	..	..	..	..	..
80-90 years...	..	..	..						

[illegible]

Table I.—Continued.

CAUSES OF DEATH.	AGES.													
	Under 1 year	Between 1 and 5 years.	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years..	80-90 years...	Over 90 years	Totals
108 Melana.....	57	15	2	1	4	7	22	12	21	19	15	2	1	177
109 Disease of stomach	275	117	6	6	18	10	8	11	5	8	10	1	1	466
110 Enteritis	2	2	1	2	2	4	5	4	3	3	4	1	1	32
111 Ulceration of intestines	21	5	1	1	2	2	2	1	1	7	1	1	1	40
112 Ileus	4	2	1	2	3	2	6	4	2	2	1	1	1	10
113 Stricture and strangulation of intestines..	7	2	1	2	3	5	2	2	3	6	1	1	1	33
114 Intussusception	6	1	1	1	1	2	1	3	3	1	1	1	1	23
115 Hernia	1	1	1	1	1	1	1	3	3	6	1	1	1	5
116 Fistula	58	22	23	17	19	63	49	29	23	21	20	1	1	344
117 Peritonitis	1	1	1	1	1	2	3	1	5	3	2	1	1	19
118 Ascites.....	17	2	1	1	1	3	2	4	4	5	3	1	1	41
119 Gallstones.....	12	2	2	3	3	3	20	17	19	11	4	1	1	77
120 Jaundice.....	183	82	5	6	3	20	7	22	29	20	9	1	1	117
121 Cirrho-is	1	1	2	1	3	9	7	18	12	13	11	5	1	382
122 Other diseases of liver	1	1	1	1	1	1	1	1	1	1	1	1	1	12
123 Other diseases, digestive system	1	1	1	1	1	1	1	1	1	1	1	1	1	12
F.—LYMPHATIC SYSTEM.....	1	1	2	1	1	2	3	3	3	3	1	1	1	12
124 Disease of lymphatics	1	1	2	1	1	2	3	3	3	3	1	1	1	12
125 Disease of spleen.....	1	1	2	1	1	2	3	3	3	3	1	1	1	12
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.	1	1	1	1	1	1	1	1	1	1	1	1	1	7
126 Bronchocele	1	1	1	1	1	1	1	1	1	1	1	1	1	5
127 Addison's disease.....	1	1	1	1	1	1	1	1	1	1	1	1	1	2
H.—URINARY SYSTEM	14	36	27	12	11	67	47	50	76	65	50	9	1	464
128 Nephritis	6	24	16	3	2	14	8	5	8	8	4	1	1	98
129 Bright's disease.....	1	10	8	6	6	40	22	33	47	28	19	4	1	224
130 Uremia	2	2	2	2	3	7	12	5	5	10	4	1	1	55

[illegible]

TABLE XI.—Deaths from Specified Causes (classified) reported in 85 Counties during the year 1884: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals.					
	Male	Female	Not stated...	White.....	Colored.....	Not stated...	United States	Foreign.....	Not stated...	Single	Married.....	Widower...		Widow.....	Not stated..	Places over 5,000 pop....	Places between 500-5,000 pop....	Under 500 pop. or in country.....
Deaths from all causes.....	12,112	10,230		21,922	420		11,570	4,714	6,058		11,618	5,846	691	1,197	11,171	3,055	5,116	22,312
I.—Specific Febrile or Zymotic Diseases.....	3,121	2,915		6,008	58		4,033	936	1,097		5,010	859	71	96	3,887	797	1,382	6,065
A.—Miasmatic Diseases.....	1,769	1,637		3,369	37		2,181	572	653		2,941	391	34	40	2,259	454	633	3,406
1 Small-pox.....	6	4		9	1		3	7			7	2		1	1	9		10
2 Varioloid.....							1											1
3 Chicken-pox.....							249	42	45		324	12			272	33	31	336
4 Measles.....	160	176		331	5		314	65	70		472	7			314	80	85	479
5 Scarlet fever.....	257	222		478	1		3	1	11		7	8			12	2	1	15
6 Typhus fever.....	13	2		15			12	6			15	2			5	4	9	18
7 Influenza.....	9	9		17	1		3	1			39	1			1	5	4	14
8 Mumps.....	2	2		4			653	111	89		821	7	2		613	92	138	833
9 Diphtheria.....	407	426		829	4		517	125	80		655	62	11	14	505	93	151	752
10 Cerebro-spinal fever.....	401	351		740	12		141	20	4		168				138	23	47	168
11 Whooping cough.....	73	95		168			59	35	42		67	55	4	1	53	21	51	127
12 Continued fever.....	76	51		125	2		188	159	312		384	235	17	23	381	55	180	639
13 Enteric fever.....	363	296		648	11													
14 Yellow fever.....							4				4							
15 Other miasmatic diseases.....	2	2		4														4
B.—DIARRHETIC DISEASES.....	1,025	859		1,869	15		1,534	161	189		1,751	95	12	26	1,250	246	388	1,881
16 Cholera infantum.....	685	623		1,298	10		1,463	89	56		1,305	3			918	169	221	1,308
17 Cholera morbus.....	38	28		65	1		18	14	34		26	32	2	6	43	7	16	66
18 "Winter cholera".....	1	2					2				2							3
19 Diarrhoea.....	185	131		317	2		238	28	53		276	28	7	8	214	37	68	319
20 Dysentery.....	116	72		186	2		113	30	43		142	32	3	11	73	33	82	188

Table XI.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.					LOCALITY.		Totals			
	Male	Female	Not stated...	White	Colored	Not stated...	Foreign	United States	Illinois	Single	Married	Widower	Widow	Not stated...		Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country...
C.—MALARIAL DISEASES.																		
21 Intermitent fever	153	138	...	286	5	...	75	66	...	191	75	10	15	...	84	44	163	291
22 Remittent fever	13	11	...	23	1	...	14	6	...	18	4	...	2	...	8	4	12	24
23 Congestive fever	73	33	...	151	3	...	75	39	...	94	47	3	9	...	57	95	72	154
24 Other malarial diseases	50	33	...	83	...	...	46	19	...	62	16	3	2	...	17	11	53	83
	17	13	...	29	1	...	15	11	...	17	8	3	2	...	9	4	24	30
D.—ZOÖGENOUS DISEASES.																		
25 Hydrophobia	4	1	...	5	...	...	2	1	...	5	...	...	...	...	3	2	...	5
26 Other zöogenous diseases	4	1	...	5	...	...	2	1	...	5	...	...	...	...	3	2	...	5
E.—VENEREAL DISEASES.																		
27 Syphilis	16	13	...	29	...	...	14	7	...	23	6	...	...	...	20	4	5	29
28 Other venereal diseases	16	13	...	29	...	...	14	7	...	23	6	...	...	...	20	4	5	29
F.—SEPTIC DISEASES.																		
29 Phagedena	151	297	...	450	1	...	132	120	...	129	292	15	15	...	271	47	133	451
30 Erysipelas	...	37	...	108	...	...	47	18	...	60	29	12	7	...	54	12	42	108
31 Pyæmia	36	19	...	55	...	...	15	17	...	24	26	2	3	...	38	1	16	55
32 Septicæmia	47	41	...	88	...	...	31	24	...	38	47	1	2	...	55	16	17	88
33 Puerperal fever	...	200	...	199	1	...	56	61	...	7	190	...	3	...	124	18	58	290
II.—Parasitic Diseases.																		
34 Thrush	11	6	...	17	...	...	15	1	...	16	1	...	...	...	6	2	9	17
35 Hydatids	4	4	...	8	...	...	8	...	...	8	...	...	...	...	5	2	1	8
36 Worms	2	...	...	2	...	...	1	...	...	1	1	...	...	...	...	...	2	2
37 Trichinælas	3	3	...	3	...	...	3	...	...	3	...	...	...	...	...	...	3	3
38 Other parasitic diseases	1	2	...	3	...	...	2	1	...	3	3	...	...	...	1	1	2	5
	1	1	...	1	...	...	1	...	...	1	...	...	...	...	...	...	1	1

Table XI.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals					
	Male	Female	Not stated...	White	Colored	Not stated...	Foreign	United States	Married	Widower	Widow	Not stated...	Places over 5,000 pop....		Place between 500-5,000 pop.	Under 500 pop. or in country.			
74 Convulsions.....	720	559	.....	1,266	13	.....	1,168	63	48	.....	1,271	5	1	2	.....	1,050	113	116	1,279
75 Tetanus.....	9	9	.....	18	.....	.....	15	1	2	.....	18	.....	.....	.....	.....	13	1	4	18
76 Diseases of spinal cord	41	9	.....	48	3	.....	25	8	17	.....	37	11	.....	2	.....	35	6	9	50
77 Diseases of spinal cord	23	12	.....	35	1	.....	7	13	14	.....	10	21	4	.....	.....	20	7	9	36
78 Other diseases, nervous system.	192	161	.....	353	10	.....	85	142	126	.....	101	161	37	51	.....	201	52	100	353
B.—ORGANS OF SPECIAL SENSE																			
79 Epistaxis.....	2	2	.....	4	.....	.....	3	1	.....	.....	4	.....	.....	.....	.....	2	.....	2	4
80 Other diseases, nose, ear and eye	1	1	.....	2	.....	.....	1	1	.....	.....	2	.....	.....	.....	.....	2	.....	2	2
C.—CIRCULATORY SYSTEM																			
81 Endocarditis.....	409	372	.....	708	13	.....	140	282	359	.....	225	406	45	105	.....	495	110	176	781
82 Pericarditis.....	14	12	.....	26	.....	.....	7	8	11	.....	15	7	2	2	.....	19	2	5	26
83 Hypertrophy of heart	18	10	.....	27	1	.....	9	9	10	.....	18	8	1	1	.....	22	1	5	28
84 Angina pectoris,	22	22	.....	44	.....	.....	9	14	21	.....	12	25	.....	7	.....	19	12	13	44
85 Valve-disease of heart	25	14	.....	38	1	.....	9	17	13	.....	9	21	5	4	.....	19	6	14	39
86 Syncope.....	37	92	.....	185	4	.....	34	69	86	.....	57	93	10	20	.....	124	22	43	189
87 Aneurism.....	2	2	.....	4	.....	.....	1	1	2	.....	1	2	.....	.....	.....	3	.....	1	4
88 Acute gangrene.....	9	3	.....	12	.....	.....	5	5	7	.....	5	5	1	1	.....	9	2	1	12
89 Embolism.....	16	8	.....	21	.....	.....	1	14	9	.....	16	3	5	5	.....	8	3	13	24
90 Phlebitis.....	24	18	.....	41	1	.....	10	24	8	.....	11	21	5	.....	.....	16	8	18	42
91 Varicose veins.....	6	5	.....	10	1	.....	4	4	6	.....	5	6	.....	.....	.....	7	4	11	14
92 Other diseases, circulatory system.	176	182	.....	353	5	.....	56	119	183	.....	76	212	16	51	.....	216	54	58	358
D.—RESPIRATORY SYSTEM																			
93 Laryngitis.....	1,921	1,524	.....	3,367	78	.....	1,918	622	875	.....	2,393	764	91	197	.....	2,109	462	814	3,445
94 Croup.....	50	42	.....	90	2	.....	74	4	14	.....	88	4	.....	.....	.....	65	12	15	92
95 Other diseases, larynx and trachea	265	231	.....	495	2	.....	401	47	49	.....	497	.....	.....	.....	.....	349	65	83	497
	3	1	.....	4	.....	.....	3	1	.....	.....	4	.....	.....	.....	.....	1	3	.....	4

96 Embryosoma.....	9	5	14	2	4	1	9	5	5	2	3	10	4	14
97 Asthma.....	35	41	77	2	5	17	57	18	40	3	18	57	10	79
98 Bronchitis.....	480	407	806	21	601	108	178	716	114	13	32	698	92	887
99 Pneumonia.....	881	651	1,487	45	737	342	423	911	446	39	113	853	97	1,382
100 Typhoid pneumonia.....	111	88	200	2	63	67	72	80	98	5	13	88	26	202
101 Pleurisy.....	13	20	37	2	12	10	17	21	21	2	2	26	4	39
102 Other diseases, respiratory system.....	61	38	97	2	28	25	46	41	43	5	7	52	22	99
E.—DIGESTIVE SYSTEM.....	1,043	859	1,875	27	1,026	371	505	1,267	512	47	76	1,250	234	1,902
103 Stomatitis.....	10	6	14	2	11	4	1	10	6	.....	.....	5	4	16
104 Dentition.....	29	22	49	2	45	2	4	51	51	.....	.....	34	6	51
105 Sore throat.....	11	9	20	1	13	5	2	16	4	4	.....	10	6	20
106 Dyspepsia.....	26	15	41	.....	23	8	9	29	7	2	3	19	5	41
107 Hematemesis.....	1	1	2	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	2
108 Melana.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
109 Disease of stomach.....	86	91	176	1	78	45	54	92	68	7	10	99	26	177
110 Enteritis.....	259	267	462	4	363	52	51	421	42	2	21	316	52	465
111 Ulceration of intestines.....	19	13	32	.....	11	13	8	11	18	2	1	16	7	32
112 Ileus.....	18	22	40	.....	26	7	11	32	7	1	.....	30	5	40
113 Stricture and strangulation of intestines.....	6	4	10	.....	7	2	1	.....	2	.....	.....	7	.....	10
114 Intussusception.....	17	21	37	1	15	7	18	29	11	.....	7	29	5	43
115 Hernia.....	14	9	23	.....	5	6	12	10	11	.....	2	13	3	23
116 Fistula.....	3	2	5	.....	1	4	.....	3	1	1	.....	2	.....	5
117 Peritonitis.....	178	166	347	7	111	75	128	189	131	9	12	226	52	314
118 Ascites.....	9	10	18	1	2	8	9	19	11	4	3	9	3	19
119 Gall-stones.....	1	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
120 Jaundice.....	26	15	41	.....	22	6	13	22	15	.....	4	27	5	41
121 Cirrhosis, masses of liver.....	5	21	76	1	4	18	55	15	52	5	5	62	5	77
122 Other diseases of liver.....	59	58	113	4	24	47	46	37	59	5	16	59	19	117
123 Other diseases, digestive system.....	216	166	378	4	235	66	81	300	61	10	11	263	49	382
F.—LYMPHATIC SYSTEM.....	7	5	12	.....	3	4	5	7	5	.....	.....	6	4	12
124 Disease of lymphatics.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
125 Disease of spleen.....	7	5	12	.....	3	4	5	7	5	.....	.....	6	4	12
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....	3	4	7	.....	.....	4	3	1	5	1	.....	5	2	7
126 Bronchocele.....	2	3	5	.....	.....	2	3	1	4	.....	.....	1	1	5
127 Addison's disease.....	1	1	2	.....	.....	2	.....	.....	1	1	.....	1	1	2
H.—URINARY SYSTEM.....	291	173	459	5	99	156	209	162	248	25	29	296	76	461
128 Nephritis.....	58	40	98	.....	34	22	42	63	28	4	3	78	10	98
129 Bright's disease.....	138	86	222	2	42	76	106	75	119	13	17	141	38	224

Table XI.—Continued.

CAUSES OF DEATH.	SEX.			COLOE.		NATIVITY.				SOCIAL CONDITION.				LOCALITY.		Totals
	Male	Female	Not stated	White	Colored	Not stated	Illinois	United States	Foreign	Not stated	Single	Married	Widower	Widow	Not stated	
130 Uremia.....	29	26		53	2		10	24	21		13	37	3	2		55
131 Suppression of urine.....	3	1		6			2	3	1		3	3				6
132 Calculus.....	3	1		4				1	3			4				4
133 Hematuria.....	2											5				1
134 Disease of bladder and prostate.	21	1		22			6	10	9			5				6
135 Other diseases, urinary system.	35	18		52	1		7	20	26		7	36	3	7		22
I.—REPRODUCTIVE ORGANS.....	8	217		216	9		70	66	89		41	171		13		225
a. Organs of Generation.....	8	84		88	4		19	34	39		17	63		12		92
136 Ovarian disease.....		23		23			3	6	14		3	13		7		23
137 Disease of uterus and vagina.		39		37	2		10	15	14		5	29		5		39
138 Disorders of menstruation		6		6			4	1	1		1	5				6
139 Pelvic abscess.....	1	16		16	1		2	7	8		2	15				17
140 Perineal abscess.....																
141 Disease of testes, penis, etc....	7			6	1			5	2		2	5				7
b. Parturition.....		135		128	5		51	32	50		24	108		1		133
142 Abortion..		6		5	1		1	2	3		1	5				6
143 Miscarriage.....		9		8	1		1	3	5		1	8				9
144 Puerperal mania.....		4		4			2	2				4				4
145 Puerperal convulsions.....		44		42	2		16	13	15		7	37				44
146 Placenta prævia.....		8		8			2	3	4		2	6				8
147 Flooding.....		10		10			5		5		4	6				10
148 Plegmasia dolens.....		1		1							1	1				1
149 Other complications of child-birth.....	51			50	1		24	10	17		9	41		1		51

K.—LOCOMOTOR SYSTEM																
	21	12	32	1	7	10	16	17	12	3	1	22	3	8	33	
150 Caries and necrosis	7	3	9	1	1	3	6	6	6	2	5	2	3	10		
151 Arthritis	4	1	6	1	1	2	3	3	3	1	1	5	2	3	10	
152 O-fills	6	1	7	1	3	3	1	3	4	7	5	5	2	7		
153 Other diseases, locomotor system	6	4	10	1	2	2	6	5	4	1	8	1	1	1	10	
L.—INTEGUMENTARY SYSTEM																
154 Carbuncle	24	16	40	1	19	7	14	25	10	2	3	24	6	10	40	
155 Phlegmon	4	2	6	1	4	1	5	1	3	2	3	3	1	2	6	
156 Lupus	4	2	6	1	4	1	3	4	4	2	1	3	3	2	6	
157 Ulcer	2	3	4	1	2	2	6	4	4	1	2	2	2	4	4	
158 Eczema	5	5	10	1	2	1	6	4	4	4	2	7	2	10	10	
159 Pemphigus	5	4	9	1	9	1	1	9	1	1	6	1	1	9	9	
160 Other diseases, integumentary system	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	3	1	4	1	3	1	1	3	1	1	2	1	1	4	4	
VII.—Violence																
880	223	1,075	28	209	377	517	571	446	49	34	700	150	253	1,103		
161 Railroad accident	214	21	230	5	43	82	116	122	90	12	2	152	38	45	235	
162 Other accident	487	152	618	21	139	237	273	381	214	21	23	395	85	159	639	
163 Homicide	23	12	31	1	6	13	14	14	18	1	2	25	3	7	35	
164 Suicide	136	38	133	1	21	53	120	57	115	15	7	128	24	42	194	
165 Execution																
VIII.—Otherwise Unclassified																
804	702	1,459	47	876	302	328	328	1,006	348	53	99	887	231	388	1,506	
166 Dropsy	61	82	135	7	38	44	61	46	69	7	21	62	59	113	167	
167 Debility	25	35	60	3	17	15	31	21	23	3	16	33	23	63	168	
168 Atrophy from inanition	234	191	436	2	396	19	13	422	2	1	2	314	68	16	428	
169 Mortification	11	9	19	1	6	6	12	8	9	1	5	15	1	4	20	
170 Tumor	18	29	52	1	11	16	20	13	28	1	2	28	12	7	47	
171 Abscess	34	18	52	2	24	10	18	28	21	1	2	29	6	17	52	
172 Hemorrhage	16	17	31	1	11	14	8	13	14	1	4	13	5	15	33	
173 Sun-stroke	17	5	21	1	3	5	14	9	11	1	1	13	3	6	22	
174 Sudden—not stated	7	6	10	3	8	3	2	7	6	1	3	3	1	9	13	
175 Ill-defined	264	217	461	17	210	117	124	279	137	27	38	258	75	148	481	
176 Unknown	114	90	193	11	136	53	25	160	28	10	6	89	31	84	294	

TABLE XII.—Deaths from Specified Causes (classified) reported in 87 Counties during the year 1884: MONTHS.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September	October	November	December	
Deaths from all causes	1,906	1,725	1,893	1,720	1,772	1,626	2,392	2,080	1,901	1,717	1,693	1,917	22,342
I.—Specific Febrile or Zymotic Diseases													
A.—MIASMATIC DISEASES													
1 Small-pox													
2 Varioloid													
3 Chicken-pox													
4 Measles	11	6	10	33	57	66	71	49	10	10	13	13	336
5 Scarlet fever	53	50	48	50	46	32	29	23	21	22	39	60	479
6 Typhus fever	2	2				2		2	3	1	1	2	15
7 Influenza	1	2	5	6						1			18
8 Mumps		1	1				1		1				4
9 Diphtheria	81	65	50	48	72	45	45	49	60	87	124	107	833
10 Cerebro-spinal fever	50	59	69	66	78	65	74	70	62	55	12	62	752
11 Whooping-cough	15	8	12	16	12	19	19	23	19	11	11	10	168
12 Continued fever	9	12	8	6	10	4	8	18	11	15	13	10	127
13 Enteric fever	73	41	36	41	34	29	36	70	76	81	74	68	659
14 Yellow fever		1											
15 Other miasmatic diseases			1			1						1	4
B.—DIARRHETIC DISEASES													
16 Cholera infantum	32	22	33	52	49	109	607	472	299	153	34	22	1,884
17 Cholera morbus	14	5	15	28	32	78	483	314	194	90	18	7	1,308
18 "Winter cholera"		1	2	3	3	3	22	20	11	1		1	66
19 Diarrhea		11	11			23	72	72	50	30	10	5	319
20 Dysentery	5	5	5	7	4	3	30	36	44	32	6	9	188

C.—MALARIAL DISEASES											291
21	Intermittent fever	1	3	2	10	1	2	3	5	3	24
22	Remittent fever	10	10	20	20	6	9	12	15	6	154
23	Congestive fever	11	3	0	3	7	10	11	10	5	83
24	Other malarial diseases	4	4	3	2	2	2	2	4	1	30
D.—ZOOGENOUS DISEASES											5
25	Hydrophobia	2	2	1	1	1	1	1	1	1	5
26	Other zoonous diseases	2	2	1	1	1	1	1	1	1	5
E.—VENEREAL DISEASES											29
27	Syphilis	1	3	5	2	1	3	2	3	1	6
28	Other venereal diseases	1	3	5	2	1	3	2	3	1	6
F.—SEPTIC DISEASES											451
29	Phagedena	23	45	55	46	37	26	31	28	26	41
30	Erysipelas	21	12	16	8	10	5	5	4	5	8
31	Pyemia	4	3	3	3	4	2	7	5	5	3
32	Septicæmia	11	7	8	7	8	4	7	6	8	10
33	Puerperal fever	17	23	28	28	15	15	12	13	7	12
II.—Parasitic Diseases											17
34	Trush	5	1	3	1	1	1	2	3	3	8
35	Hydatids	1	1	1	1	1	1	1	2	2	8
36	Worms	1	1	1	1	1	1	1	1	1	3
37	Trichiniasis	1	1	2	1	1	1	1	1	1	3
38	Other parasitic diseases	1	1	1	1	1	1	1	1	1	1
III.—Dietic Diseases											88
39	Starvation	4	8	8	3	9	7	7	5	10	7
40	Scoury	2	2	1	1	1	1	1	1	1	12
41	Alcoholism	1	6	5	2	4	4	4	3	6	52
42	Delirium tremens	1	1	2	1	5	3	3	1	3	24
IV.—Constitutional Diseases											3,113
43	Rheumatic fever	281	266	282	281	288	236	275	260	243	245
44	Rheumatic heart	2	2	4	1	3	1	2	1	1	1
45	Rheumatism	1	1	1	1	2	2	2	1	3	3
46	Gout	7	10	7	3	12	5	1	3	4	4

Table XII.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November	December	
47 Rickets	30	34	1	1	2	37	1	1	3	1	1	1	10
48 Cancer	17	12	35	33	22	17	43	41	39	27	41	31	423
49 Tabes mesenterica	11	12	19	21	22	17	40	40	39	28	14	18	232
50 Tubercular meningitis	13	8	11	8	13	15	21	12	9	9	8	8	137
51 Phtisis	193	181	188	196	172	157	154	143	136	151	159	166	1,896
52 Scrofula	6	3	6	8	4	3	2	7	6	3	5	3	56
53 Purpura	2	2	1	1	1	1	1	1	1	1	1	1	16
54 Anemia	2	2	5	3	4	1	3	4	4	1	1	1	30
55 Diabetes mellitus	7	3	4	3	4	1	3	7	4	1	1	1	45
56 Other constitutional diseases	3	3	1	3	4	1	3	1	1	1	1	1	15
V.—Developmental Diseases.													
57 Premature birth	92	69	86	65	72	54	66	56	72	74	80	101	887
58 Astelectasis	29	25	36	25	19	19	28	20	28	28	28	32	317
59 Cynosis	1	2	2	3	5	2	5	1	1	1	2	2	20
60 Spina bifida	4	1	4	4	1	2	2	4	4	4	4	4	30
61 Other congenital diseases	2	1	2	4	1	2	1	1	2	2	2	3	23
62 Umbilical hemorrhage	7	3	6	4	12	4	7	1	2	9	4	5	64
63 Old age	3	1	1	1	1	1	1	1	1	1	3	2	13
	46	36	36	29	34	25	22	30	35	33	37	57	420
VI.—Local Diseases													
	898	861	935	791	785	694	834	684	633	620	749	948	9,562
A.—NERVOUS SYSTEM													
64 Inflammation of brain	200	221	237	240	213	235	263	196	216	212	291	235	2,649
65 Apoplexy	14	12	13	20	11	19	23	12	10	8	7	16	165
66 Softening of brain	56	35	35	42	47	33	51	48	35	33	41	41	497
67 Hydrocephalus, not acute	5	10	4	6	3	4	3	5	3	3	4	4	58
68 Hemiplegia	1	4	4	4	4	3	5	7	6	2	3	3	43
69 Paralysis agitans	2	1	5	4	2	1	3	1	1	1	1	1	28
70 General paralysis of insane	1	4	1	1	1	1	2	1	1	1	2	3	13
71 Paraplegia	2	3	1	1	2	3	1	3	7	6	2	3	34
	2	3	1	1	2	3	1	1	7	6	2	3	2

Table XII.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September	October	November	December	
108 Melana	11	8	11	19	15	24	18	15	15	14	9	15	177
109 Disease of stomach	18	16	12	46	29	24	89	83	66	38	21	18	465
110 Enteritis	3	2	1	3	4	3	5	4	5	6	2	2	32
111 Ulceration of intestines	3	2	1	1	2	3	8	3	3	1	1	4	40
112 Ictus	1	1	1	1	2	2	4	2	1	1	1	1	10
113 Stricture and strangulation of intestines	1	3	3	1	1	1	1	3	5	2	2	6	38
114 Intussusception	1	3	1	2	1	1	4	3	5	1	1	1	23
115 Hemipia	1	1	1	2	1	1	1	1	1	1	1	1	13
116 Fistula	25	22	32	30	34	38	29	31	30	27	22	24	343
117 Peritonitis	4	1	1	2	4	1	1	1	1	1	1	1	19
118 Ascites	1	1	1	1	1	1	1	1	1	1	1	1	11
119 Gallstones	7	5	7	1	2	3	3	3	3	4	2	1	41
120 Jaundice	14	4	12	17	22	33	5	5	11	11	6	5	177
121 Cirrhosis	8	15	11	11	12	9	10	8	15	7	5	6	117
122 Other diseases of liver	27	12	15	23	27	26	87	61	39	30	24	11	382
123 Other diseases, digestive system													
F.—LYMPHATIC SYSTEM			2	1	1	2		1	2	2	1		12
124 Diseases of lymphatics													
125 Diseases of spleen			2	1	1	2		1	2	1	1		12
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE					3						2		7
126 Bronchocele	2												
127 Addison's disease	1				2						2		5
	1				1								2
H.—URINARY SYSTEM			52	35	37	36	44	28	33	32	38	35	464
128 Nephritis	47	47											
129 Bright's disease	12	5	9	3	12	5	7	6	9	7	12	11	98
130 Uremia	23	21	29	21	13	20	26	13	12	13	16	17	224
131 Suppression of urine	3	7	4	4	7	4	8	5	4	4	4	1	55
					1	1				1	1		6

Table XII.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February....	March	April	May	June	July	August.....	September ..	October.....	November...	December...	
VII.—Violence.....													
161 Railroad accident	43	15	23	27	26	18	15	15	23	17	19	18	1,163
162 Other accident.....	69	41	45	27	53	68	66	46	52	70	56	55	235
163 Homicide.....	2	1	4	1	5	3	6	3	3	4	2	1	69
164 Suicide.....	12	15	21	12	15	25	21	26	12	6	14	15	35
165 Execution.....													194
VIII.—Otherwise Unclassified	125	109	117	131	114	112	150	153	152	120	119	106	1,506
166 Dropsy	13	11	8	14	13	8	12	14	15	11	12	12	143
167 Debility	8	6	7	2	3	6	6	5	5	1	4	4	63
168 Atrophy from inanition.....	35	15	32	38	20	28	59	49	50	37	31	34	428
169 Morbification			1		4	1	1	4	2	4		3	20
170 Tumor	3	4	2	4	7		1	7	6	3	7	3	17
171 Abscess	4	4	3	3	4	4	6	5	4	3	6	5	52
172 Hemorrhage	3	4	5	6	1	1	3	3	1	3	2	2	33
173 Sun-stroke						3	5	7	1		1		22
174 Sudden—not stated.....	1		3	2			3	1					13
175 Ill-defined	34	44	38	42	41	48	43	38	40	35	42	36	481
176 Unknown.....	22	21	18	19	21	13	13	13	21	22	14	7	204

TABLE XIII.—Deaths from Specified Causes (classified) reported in Cook County during the year 1881: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.									
	Under 1 year	1-5 years	5-10 years	10-15 years	15-20 years	20-30 years	30-40 years	40-50 years	50-60 years	Totals
POPULATION	18,424	86,856	82,615	72,762	71,978	118,310	80,918	56,707	36,514	652,566
Total deaths from all causes	4,375	3,412	1,118	423	449	1,366	1,040	905	705	14,872
I.—Specific Febrile or Zymotic Diseases	1,670	1,800	713	245	166	480	229	177	110	5,730
A.—MIASMATIC DISEASES	683	1,289	676	222	142	423	153	118	61	3,798
1 Small-pox.....	114	282	156	24	30	109	38	37	21	829
2 Varioloid.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1
3 Chicken-pox.....	.....	48	8	2	.....	.....	.....	.....	.....	91
4 Measles.....	30	152	66	11	7	7	2	3	2	290
5 Scarlet fever.....	45	152	1	3	7	8	5	5	1	330
6 Typhus fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	14
7 Influenza.....	.....	8	3	.....	1	.....	.....	.....	.....	11
8 Mumps.....	1	1	.....	.....	.....	.....	.....	.....	.....	2
9 Diphtheria.....	87	367	231	40	7	11	6	5	8	759
10 Cerebro-spinal fever.....	246	362	140	57	16	43	32	24	12	881
11 Whooping-cough.....	82	65	11	1	.....	.....	.....	.....	.....	157
12 Continual fever.....	4	3	8	5	5	19	11	3	4	72
13 Eruptive fever.....	24	60	52	80	74	226	59	40	19	669
14 Yellow fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15 Other miasmatic diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
B.—DIARRHETIC DISEASES	988	477	28	11	6	12	22	19	18	1,624
16 Cholera infantum.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17 Cholera morbus.....	843	362	13	.....	.....	.....	.....	.....	.....	1,213
18 Winter cholera.....	6	6	.....	2	4	4	8	9	7	60
19 Diarrhea.....	118	93	12	8	.....	5	10	7	7	286
20 Dysentery.....	21	16	3	1	2	2	4	3	3	58

Table XIII.—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
C.—MALARIAL DISEASES.....											
21 Intermitent fever.....	8	17	3	2	4	14	9	3	5	4	73
22 Remittent fever.....	1	4	1	1	1	1	1	1	1	1	7
23 Congestive fever.....	3	8	2	1	2	7	9	3	4	3	24
24 Other malarial diseases.....	1	1	1	1	1	3	1	1	1	1	37
D.—ZOÖGENOUS DISEASES.....											
25 Hydrophobia.....	3	5	3	2	3	3	3	1	2	1	27
26 Other zöogenous diseases.....	3	4	3	2	2	2	1	1	2	1	6
E.—VENEREAL DISEASES.....											
27 Syphilis.....	12	3	1	1	1	1	2	1	2	1	21
28 Other venereal diseases.....	12	3	1	1	1	1	3	1	2	1	21
F.—SEPTIC DISEASES.....											
29 Phagedena.....	26	9	3	8	11	23	39	36	19	6	187
30 Erysipelas.....	20	5	1	4	3	8	7	11	6	5	1
31 Pyæmia.....	3	12	3	4	3	8	6	3	3	1	70
32 Septicæmia.....	3	2	3	4	3	3	18	3	4	1	29
33 Puerperal fever.....	3	2	3	1	2	5	18	19	9	1	33
II.—Parasitic Diseases.....											
34 Thrush.....	1	1	1	1	1	1	2	1	1	1	8
35 Hydatids.....	1	1	1	1	1	1	2	1	1	1	3
36 Worms.....	1	1	1	1	1	1	2	1	1	1	3
37 Trichinælas.....	1	1	1	1	1	1	2	1	1	1	3
38 Other parasitic diseases.....	1	1	1	1	1	1	2	1	1	1	3

98	Bronchitis.....	239	210	44	61	4	12	16	22	131	16	14	5	601
99	Pneumonia.....	206	211	69	23	21	68	58	69	58	52	26	5	800
100	Typoid pneumonia.....							21	5	2	1			5
101	Pleurisy.....		4		1		1		5	2				12
102	Other diseases, respiratory system.....					2			5		1			9
E.—DIGESTIVE SYSTEM.....														
103	Stomatitis.....	416	280	85	22	39	119	95	99	77	51	25	8	1,321
104	Dentition.....	7	2				2	5	16	11	13	3		62
105	Sore throat.....	34	13					1	1	1	1			49
106	Dyspepsia.....	1	3			2	4	3	2	1	1			8
107	Hematemesis.....				1					1	1			13
108	Melena.....									1				1
109	Disease of stomach.....	6	6	1	1	2	5	5	5	6	4	5		46
110	Enteritis.....	121	161	51	4	6	14	14	12	8	4	2	2	499
111	Ulceration of intestines.....	1				1	1	2	2	1	1			8
112	Ileus.....						1	1						4
113	Stricture and strangulation of intestines.....						1	1						3
114	Intussusception.....	1	2				1	1	1		2			7
115	Hernia.....						3	1	4	2	1	2		13
116	Fistula.....													3
117	Peritonitis.....	40	37	16	11	19	61	37	29	17	7	4	5	284
118	Ascites.....	1				1		2	1		1			6
119	Gallstones.....													
120	Jaundice.....	8	1	1		1		1	1	3	1	2		18
121	Girrhosis.....						3	2	4	10	7			29
122	Other diseases of liver.....	3	2	4	1	6	8	5	9	5				43
123	Other diseases, digestive system.....	93	50	11	4		15	14	12	9	11	5	1	236
F.—LYMPHATIC SYSTEM.....														
124	Disease of lymphatics.....		1	1	1	1								4
125	Disease of spleen.....													
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....														
126	Bronchocoele.....								2	1				3
127	Addison's disease.....									1				1
									2					2
H.—URNARY SYSTEM.....														
128	Nephritis.....	5	22	7	5	2	21	20	20	28	27	11	6	187
129	Bright's disease.....	4	11	3	1		3	6	5	4	3			47
130	Uremia.....	1	10	3	2	1	17	11	13	18	19	11	2	111
131	Suppression of urine.....		1	1	1	1	1	7	2	2	1			18
132	Calculus.....							2						2
133	Hematuria.....									1				1

L.—INTEGUMENTARY SYSTEM.											12			
2	3	4	5	6	7	8	9	10	11	12				
134 Carbuncle.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2			
135 Phlegmon.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
136 Lupus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
137 Ulcer.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7			
138 Eczema.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
139 Pemphigus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3			
140 Other diseases, integumentary system.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VII.—Violence														
161 Railroad accident.....	17	41	22	37	38	110	126	86	53	24	16	11	579	
162 Other accident.....	15	37	7	9	10	24	23	26	13	2	3	1	133	
163 Homicide.....	1	1	15	27	26	63	78	43	34	18	12	8	376	
164 Suicide.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	
165 Execution.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	73	
VIII.—Otherwise Unclassified														
166 Dropsy.....	49	127	33	15	25	60	62	79	57	56	55	11	5	1,016
167 Debility.....	1	5	9	1	4	3	.....	9	10	15	4	2	.....	56
168 Atrophy from immition.....	43	5	3	.....	1	3	6	12	4	7	11	5	.....	163
169 Morbidity.....	29	88	13	2	2	14	16	18	14	17	19	3	.....	505
170 Tumor.....	1	1	.....	.....	.....	1	1	1	1	2	2	.....	.....	1
171 Abscess.....	1	2	.....	.....	.....	2	3	1	1	2	.....	.....	.....	11
172 Hemorrhage.....	3	1	1	3	3	6	.....	4	1	2	1	.....	.....	23
173 Sun-stroke.....	7	1	3	1	8	11	7	6	3	2	2	1	.....	38
174 Sudden—not stated.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	36
175 Il-defined.....	2	12	1	4	7	10	9	15	17	10	6	1	1	114
176 Unknown.....	25	10	3	.....	4	7	11	8	5	.....	7	.....	2	85

TABLE XIV.—Deaths from Specified Causes (classified) reported in Cook County during the year 1881: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals						
	Male	Female	Not stated...	White	Colored	Not stated...	Illinois	United States	Foreign	Not stated...	Single	Married		Widower	Widow	Not stated...	Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country...
Total deaths from all causes	8,095	6,777		14,697	175			9,282	5,640		11,039	8,207	207	419		14,430	349	93	14,872
I.—Specific, Febrile or Zymotic Diseases	3,008	2,722		5,680	50			3,001	2,729		4,961	685	18	66		5,005	86	39	5,730
A.—MIASMATIC DISEASES.	2,024	1,774		3,773	25			1,846	1,952		3,275	479	9	35		3,721	48	29	3,798
1 Small-pox	441	388		822	7			155	674		678	137	3	11		824	4	1	829
2 Varioloid	1	1		1	1			1	1		1	1	1	1		1	1	1	1
3 Chicken-pox	51	40		91	1			45	46		90	10	1	1		91	1	1	91
4 Measles	149	141		289	1			153	137		279	15	13	2		283	1	1	290
5 Scarlet fever	16	14		29	1			15	15		15	13	1	2		29	1	1	30
6 Typhus fever	11	3		14	1			11	3		11	3	1	1		14	1	1	14
7 Influenza	2	2		2	2			2	2		2	2	2	2		2	2	2	2
8 Mumps	389	370		757	2			412	347		745	11	1	2		757	8	14	759
9 Diphtheria	488	396		874	10			461	433		799	79	2	4		871	8	5	884
10 Cerebro-spinal fever	79	78		156	1			93	64		157	26	1	2		155	1	1	157
11 Whooping-cough	38	34		72	3			40	32		40	29	2	13		72	19	5	72
12 Continued fever	339	310		666	3			438	211		458	196	2	13		645	19	5	669
13 Enteric fever																			
14 Yellow fever																			
15 Other miasmatic diseases																			
B.—DIARRHETIC DISEASES.	856	768		1,604	20			975	619		1,519	77	4	24		1,588	28	8	1,624
16 Cholera infantum	639	579		1,201	17			672	546		1,218	35	1	9		1,202	13	3	1,218
17 Cholera morbus	30	30		58	2			16	41		56	35	1	9		60	60	60	60
18 "Winter cholera"	1	1		2	1			2	2		2	2	3	12		272	11	3	286
19 Diarrhea	153	133		285	1			238	48		288	33	3	8		272	11	3	286
20 Dysentery	33	25		58	1			47	11		46	9	3	3		52	4	2	58

Table XIV.—Continued.

CAUSES OF DEATH.	SEX.		COLOE.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals				
	Male	Female	Not stated...	White	Colored	Not stated...	Illinois.....	United States	Foreign.....	Not stated...	Widow.....	Widower....		Married.....	Single.....	Places over 5,000 pop....	Places between 500-5,000 pop....	Under 500 pop. or in country.....
47 Rickets.....	2	3	.....	2	.....	.....	.....	.....	2	.....	1	.....	.....	.....	2	1	1
48 Cancer.....	30	38	.....	67	1	.....	.....	26	42	.....	34	3	.....	37	66	1	68
49 Typhoid fever.....	126	99	.....	225	.....	.....	.....	196	29	.....	27	3	.....	189	222	3	235
50 Tubercular meningitis.....	59	38	.....	96	1	.....	.....	86	71	.....	10	.....	.....	86	94	1	97
51 Phthisis.....	593	550	.....	1,114	29	.....	.....	573	570	.....	538	23	.....	538	1,111	27	1,143
52 Scrophula.....	15	9	.....	24	.....	.....	.....	19	5	.....	5	.....	.....	19	24	5	24
53 Purpura.....	3	2	.....	5	.....	.....	.....	3	3	.....	2	.....	.....	3	5	.....	5
54 Anemia.....	3	3	.....	6	.....	.....	.....	5	1	.....	3	.....	.....	3	6	.....	6
55 Diarrhoea.....	11	4	.....	15	.....	.....	.....	8	7	.....	6	1	.....	8	15	.....	15
56 Other constitutional diseases.....	1	.....	.....	1	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	1
V.—Developmental Diseases..	155	177	.....	331	1	.....	.....	171	161	.....	60	32	.....	178	316	12	332
57 Premature birth.....	54	55	.....	109	.....	.....	.....	109	.....	.....	.....	.....	.....	109	104	3	109
58 Atelectasis.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	1
59 Cyanosis.....	13	6	.....	19	.....	.....	.....	18	1	.....	19	.....	.....	19	18	1	19
60 Spina bifida.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	1
61 Other congenital defects.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
62 Umbilical hemorrhage.....	2	5	.....	6	1	.....	.....	5	2	.....	.....	.....	.....	7	.....	.....	7
63 Old age.....	85	110	.....	195	.....	.....	.....	38	137	.....	60	32	.....	41	185	8	195
VI.—Local Diseases.....	2,978	2,543	.....	5,449	72	.....	.....	4,108	1,413	.....	72	179	.....	3,939	5,376	114	5,521
A.—NERVOUS SYSTEM.....	878	796	.....	1,647	27	.....	.....	1,426	248	.....	16	43	.....	1,395	1,635	33	1,674
61 Inflammation of brain.....	72	47	.....	117	2	.....	.....	82	37	.....	35	.....	.....	78	113	6	119
63 Apoplexy.....	137	135	.....	263	9	.....	.....	173	90	.....	93	6	.....	153	259	10	272
66 Softening of brain.....	16	10	.....	25	.....	.....	.....	17	9	.....	20	.....	.....	19	26	.....	26
67 Hydrocephalus, not acute.....	11	13	.....	23	1	.....	.....	22	2	.....	.....	.....	.....	24	24	.....	24
68 Hemiplegia.....	8	5	.....	12	1	.....	.....	5	6	.....	.....	.....	.....	1	9	4	13
69 Paralysis agitans.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
70 General paralysis of insane.....	2	3	.....	5	.....	.....	.....	3	.....	.....	.....	.....	.....	1	5	.....	5
71 Paraplegia.....	1	2	.....	4	.....	.....	.....	1	3	.....	.....	.....	.....	.....	4	.....	4

72	Chorea	11	4	7	1	2	3	1	4	4	1	4	4
73	Epilepsy	573	529	19	81	9	11	5	19	19	2	19	19
74	Convulsions	1,059	1,059	13	1,079	27	1,079	17	1,096	4	2	1,102	1,102
75	Trismus nascentium	1	1	2	2	1	2	1	2	2	2	2	2
76	Tetanus	1	1	2	1	1	2	4	6	6	6	6	6
77	Diseases of spinal cord	5	1	6	4	2	2	2	66	9	1	76	76
78	Other diseases, nervous system	39	37	76	29	47	28	36	2	2	2	2	2
B.—ORGANS OF SPECIAL SENSE.													
79	Enstaxis	2	1	3	1	2	1	2	3	3	3	3	3
80	Other diseases, nose, ear and eye	2	1	1	1	2	1	2	1	1	1	1	1
C.—CIRCULATORY SYSTEM													
81	Endocarditis	202	184	374	12	227	132	207	12	380	4	2	386
82	Pericarditis	6	6	12	7	5	7	4	1	12	12	12	12
83	Hypertrophy of heart	10	9	10	5	7	5	5	7	12	12	12	12
84	Angina pectoris	5	5	10	3	1	2	3	1	9	9	10	10
85	Valve-disease of heart	158	151	298	11	192	99	167	10	363	4	2	369
86	Syncope	1	1	3	3	3	3	3	3	3	3	3	3
87	Aneurism	1	2	3	3	3	3	3	3	3	3	3	3
88	Scirrhous ganglion	3	5	8	4	4	4	4	4	8	8	8	8
89	Embolism	3	5	8	4	4	4	4	4	8	8	8	8
90	Phlebitis	3	5	8	4	4	4	4	4	8	8	8	8
91	Varicose veins	3	5	8	4	4	4	4	4	8	8	8	8
92	Other diseases, circulatory system	17	12	28	18	11	15	14	29	29	29	29	29
D.—RESPIRATORY SYSTEM													
93	Laryngitis	1,019	828	1,834	13	406	1,432	849	22	1,794	40	13	1,847
94	Croup	43	37	79	69	11	69	11	77	1	2	80	80
95	Other diseases, larynx and trachea	128	109	236	222	15	284	3	254	3	3	237	237
96	Emphysema	6	3	9	3	6	3	5	9	9	9	9	9
97	Asthma	17	17	34	10	24	10	13	32	32	32	34	34
98	Bronchitis	329	272	598	3	83	517	65	578	17	6	601	601
99	Pneumonia	481	379	852	8	254	686	240	838	17	5	860	860
100	Typhoid pneumonia	4	1	5	3	2	3	2	5	5	5	5	5
101	Pleurisy	7	5	12	5	7	7	5	12	12	12	12	12
102	Other diseases, respiratory system	4	5	9	5	4	4	5	9	9	9	9	9
E. DIGESTIVE SYSTEM													
103	Stomatitis	662	659	1,306	15	368	932	335	13	1,284	30	7	1,321
104	Dentition	36	26	62	15	47	13	42	60	60	2	62	62
		27	22	49	48	1	48	1	48	48	1	49	49

Table XIV.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals	
	Male	Female	Not stated...	White	Colored	Not stated...	Foreign	United States	Married	Widower	Widow	Not stated...	Places over 5,000 pop...		Places between 500-5,000 pop...	Under 500 pop. or in country
105 Sore throat	5	3		8			7	1	5	3			8		
106 Dyspepsia	7	6		13			11	2	11	2			13		
107 Hematemesis		1		1				1		1			1		
108 Melana															
109 Disease of stomach	15	31		45	1		28	18	90	21			46		46
110 Enteritis	282	217		494	5		436	53	455	37	2		492	5	2
111 Ulceration of intestines	6	2		8			3	3	3	5			8		8
112 Ileus	2	2		4			3	1	1	2	1		4		4
113 Stricture and strangulation of intestines	2	1					2	1	1				2		2
114 Intussusception	2	5		7	1		4	3	5	2			7		7
115 Hernia	15	8		13			2	10	3	8			13		13
116 Fistula	2	2		2			3	2	3	2			2		2
117 Peritonitis	115	169		278	6		169	115	160	114	2		274	8	2
118 Ascites	3	3		5	1		3	3	4	1			6		6
119 Gallstones															
120 Jaundice	10	8		18			12	6	12	4	1		18		18
121 Cirrhosis	22	7		29			4	25	27	23	1		25	4	29
122 Other diseases of liver	21	22		43			19	24	18	21	1		43		43
123 Other diseases, digestive system	102	124		225	1		174	52	169	43	5		213	13	226
F.—LYMPHATIC SYSTEM															
121 Disease of lymphatics	2	2		4			4		4				4		4
125 Disease of spleen															
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE															
126 Bronchocele	2	1		3			1	2	1	2			3	1	3
127 Addison's disease	2	1		1			1		1	1			1	1	1

H.—URINARY SYSTEM.										
	122	65	184	4	79	108	68	101	9	180
128 Nephritis.....	26	15	41	.....	26	15	26	14	1	41
129 Bright's disease.....	70	41	107	5	43	68	33	67	5	105
130 Uremia.....	15	3	18	.....	6	12	7	8	2	17
131 Suppression of urine.....	1	1	2	.....	.....	2	.....	2	.....	2
132 Calculus.....	1	.....	1	.....	.....	1	.....	1	.....	1
133 Hematuria.....	1	.....	1	.....	.....	1	.....	1	.....	1
134 Disease of bladder and prostate.....	8	5	13	.....	4	9	2	8	1	13
135 Other diseases, urinary system.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
I. REPRODUCTIVE ORGANS.....										
	83	.....	82	1	40	43	22	56	.....	82
a. Organs of Generation.....										
	34	.....	33	1	11	23	4	25	.....	34
136 Ovarian disease.....	3	.....	3	.....	10	3	3	3	.....	3
137 Disease of uterus and vagina.....	27	.....	26	1	17	17	3	19	5	27
138 Disorders of menstruation.....	1	.....	1	.....	1	1	1	1	.....	1
139 Polycystic abscess.....	1	.....	1	.....	.....	1	.....	1	.....	1
140 Perineal abscess.....	1	.....	1	.....	.....	1	.....	1	.....	1
141 Diseases of testes, penis, etc.....	1	.....	1	.....	.....	1	.....	1	.....	1
b. Parturition.....										
	49	.....	49	.....	29	20	18	31	.....	48
142 Abortion.....	2	.....	2	.....	1	1	2	3	.....	2
143 Miscarriage.....	3	.....	3	.....	2	1	.....	1	.....	3
144 Puerperal mania.....	1	.....	1	.....	1	.....	.....	1	.....	1
145 Puerperal convulsions.....	9	.....	9	.....	7	2	2	7	.....	9
146 Placenta previa.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
147 Flooding.....	9	.....	9	.....	5	4	1	8	.....	8
148 Pilegmiasia dolens.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
149 Other complications of childbirth.....	25	.....	25	.....	13	12	13	12	.....	25
K.—LOCOMOTOR SYSTEM.....										
	1	.....	1	.....	1	.....	1	1	.....	1
150 Caries and necrosis.....	1	.....	1	.....	1	.....	1	1	.....	1
151 Arthritis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
152 Osteitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
153 Other diseases, locomotor system.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L.—INTEGUMENTARY SYSTEM.....										
	6	6	12	.....	3	9	1	9	2	11
154 Carbuncle.....	1	1	2	.....	1	1	.....	2	.....	1
155 Pilegmion.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
156 Lupus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
157 Ulcer.....	3	4	7	.....	1	6	.....	5	2	7

Table XIV.—Continued.

CAUSES OF DEATH.	SEX.			COLOR.			NATIVITY.			SOCIAL CONDITION.			LOCALITY.			Totals
	Male	Female	Not stated...	White	Colored	Not stated...	Illinois	United States	Foreign	Not stated...	Single	Married	Widower	Widow	Not stated...	
158 Eczema																
159 Pemphigus																
160 Other diseases, integumentary system	2	1		3				1	2							3
VII.—Violence	474	105		570	9			1,06	313		287	262	14	16		579
161 Railroad accident		15		119				57	66		56	59	4	4		4
162 Other accident	108	72		372	4			183	193		197	161	9	9		123
163 Homicide	6	1		7				6	1		7					4
164 Suicide				72	1			20	53		27	42	1	3		73
165 Execution																
VIII.—Otherwise Unclassified	575	441		1,008	8			719	297		704	239	37	36		1,016
166 Dropsy	34	22		56				22	34		22	25	2	7		56
167 Debility	60	43		103				65	38		63	26	2	6		103
168 Atrophy from inanition	276	239		502	3			433	72		426	54	16	9		503
169 Mortification	7	5		11				5	6		6	3	1	4		11
170 Tumor	6	6		11				5	6		5	6				11
171 Abscess	17	6		23				13	10		13	9				23
172 Hemorrhage	15	23		37				18	20		15	21	1	1		38
173 Sun-stroke	32	4		36	1			18	20		16	20				36
174 Sudden—not stated	2	2		4				2			3					4
175 Ill-defined	83	61		143	1			93	51		87	45	7	5		144
176 Unknown	46	39		82	3			54	31		51	36	1	3		85

TABLE XV.—Deaths from Specific Causes (classified) reported in Cook County during the year 1881. Months.

CAUSES OF DEATH.	MONTHS.												Totals.....
	January ..	February....	March	April.....	May.....	June.....	July.....	August.....	September..	October.....	November...	December...	
Total deaths from all causes.....	1,062	892	808	1,014	1,350	1,071	1,935	1,932	1,368	1,179	1,053	1,148	14,872
I.—Specific Febrile or Zymotic Diseases.													
A.—MIASMATIC DISEASES.....													
1 Small-pox.....	311	236	253	275	474	382	878	981	642	527	395	396	5,730
2 Varioloid.....													
3 Chicken-pox.....													
4 Measles.....	270	182	194	227	354	277	268	458	429	456	358	365	3,798
5 Scarlet fever.....	8	13	20	29	44	37	51	115	105	182	105	120	829
6 Typhus fever.....													
7 Influenza.....													
8 Mumps.....													
9 Diphtheria.....	133	60	57	44	43	58	42	45	73	89	60	35	759
10 Cerebro-spinal fever.....	45	56	83	91	143	90	98	90	78	30	31	49	884
11 Whooping-cough.....	33	10	5	10	20	16	12	31	21	8	8	13	157
12 Continued fever.....	21	2	3	5	9	5	9	9	3	1	2	3	72
13 Enteric fever.....	38	17	13	15	21	25	15	109	120	129	96	71	669
14 Yellow fever.....													
15 Other miasmatic diseases.....													
B.—DIARRHETIC DISEASES.....													
16 Cholera infantum.....	8	13	14	23	105	109	587	504	181	45	20	15	1,634
17 Cholera morbus.....	1	3	4	4	76	78	486	401	121	22	8	4	1,218
18 "Winter cholera".....	1	1	2	1	3	4	23	22	2				60
19 Diarrhea.....	4	4	6	6	23	21	67	75	45	22	8	5	286
20 Dysentery.....	2	3	1	2	3	6	11	6	13	1	4	6	53

III.—ses.		4	2	3	3	8	4	3	5	2	5	3	42
39	Starvation.....												
40	Scurvy.....												
41	Alcoholism.....	4	2	3	2	5	3	2	4			2	29
42	Delirium tremens.....					3	1	1	1	2		1	13
IV.—Constitutional Diseases		127	118	130	153	134	114	185	142	133	127	126	1,644
43	Rheumatic fever.....			4	2				9		14	3	9
44	Rheumatic heart.....					2	3						41
45	Rheumatism.....			1	1	1		1	1		1	1	7
46	Gout.....	1	1	2									10
47	Rickets.....						1		1				2
48	Cancer.....	3	3	4	7	8		12	6	10	4	3	68
49	Tubercles mesenterica.....	6	15	19	14	18	16	40	31	35	13	12	225
50	Tubercular meningitis.....	7	6	6	6	7	19	10	6	9	9	9	97
51	Phthisis.....	108	87	89	121	89	79	105	81	78	81	94	1,143
52	Serofula.....			8		8	3	5	2		1		24
53	Purpura.....	1	2							2			5
54	Anemia.....	2	4				2	3	1	1	1	5	15
55	Diabetes mellitus.....			2	5								1
56	Other constitutional diseases.....					1							
V.—Developmental Diseases		26	30	32	18	26	23	34	29	29	29	13	352
57	Premature birth.....												
58	Atelectasis.....	6	8	7	8	8	10	8	8	11	14	6	15
59	Cyanosis.....					1							1
60	Synostosis.....		1	5	2		3	1	3	1	2		19
61	Osseous bilda.....												1
62	Other congenital defects.....	2	1	2					1				7
63	Umbilical hemorrhage.....	18	20	18	8	16	10	25	17	17	13	13	195
63	Old age.....												
VI.—Local Diseases		485	395	411	471	558	415	628	564	398	377	389	5,521
A.—NERVOUS SYSTEM		113	92	121	136	180	142	210	193	137	111	115	1,674
64	Inflammation of brain.....												
65	Apoplexy.....	6	10	6	8	12	6	16	16	15	5	9	119
66	Softening of brain.....	21	8	17	10	15	32	40	33	16	29	22	272
67	Hydrocephalus, not acute.....	1		2	5	10	2	1		1	2		26
68	Hemiplegia.....		1	3	1	14	4						24
69	Paralysis agitans.....	1	2	3			1		1	2	1	2	13
70	General paralysis of insane.....												5
71	Paraplegia.....	1					1			1	2	2	4
72	Chorea.....				2	1	1			1			4
73	Epilepsy.....	1	3	3	1	1	1	2	2	2	2	1	19

Table XV.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals.....
	January.....	February....	March	April.....	May.....	June.....	July.....	August	September..	October	November...	December...	
74 Convulsions	68	63	82	92	122	89	143	131	92	67	75	78	1,102
75 Trismus nascentium.....	1	1	1	1	1	1	1	1	1	1	1	1	12
76 Tetanus	2	1	1	1	1	1	1	1	1	1	1	1	12
77 Diseases of spinal cord.....	11	5	4	18	4	5	6	9	7	3	3	2	76
78 Other diseases, nervous system.....	2										1		3
B.—ORGANS OF SPECIAL SENSE.													
79 Epistaxis.....	2										1		1
80 Other diseases, nose, ear and eye.....	2										1		2
C.—CIRCULATORY SYSTEM.													
81 Endocarditis.....	45	30	25	37	38	29	80	21	19	32	35	45	386
82 Pericarditis	3	2	3	1	1	2	1	1	1	1	1	1	12
83 Hypertrophy of heart.....	1	2		6	3	1	1	1	1	2	1	1	12
84 Angina pectoris	1	1	1	1	3	1	1	1	1	1	1	1	10
85 Valvo-disease of heart.....	39	25	20	21	25	22	24	18	15	28	28	44	309
86 Syncope	1			1	1	1	1	1	1	1	1	1	3
87 Aneurism	88												8
88 Senile gangrene.....	1												1
89 Embolism	90			3	1		1		2		1		8
90 Phlebitis	1	1	2	3	8	4	3	1	2	2	2		29
91 Varicose veins.....	1												1
92 Other diseases, circulatory system.....													
D.—RESPIRATORY SYSTEM.													
93 Laryngitis.....	218	171	168	194	183	114	123	105	110	132	149	180	1,847
94 Croup.....	8	4	4	5	3	5	3	6	5	5	13	15	80
95 Other diseases, larynx and trachea.....	31	24	18	21	33	11	5	9	23	30	23	6	237
96 Emphysema	2		1	1	2	1					1	2	9
97 Asthma.....	4	4	2	3	3	3	4	4	3		1	4	34

L.—INTEGRUMENTARY SYSTEM.

154 Carbuncle	1	1	2	1	2	3	1	1	12
155 Phlegmon	1	1	1	1	1	1	1	1	2
156 Lupus	1	1	1	1	1	1	1	1	7
157 Ulcer	1	1	1	1	1	1	1	1	7
158 Eczema	1	1	1	1	1	1	1	1	3
159 Pemphigus	1	1	1	1	1	1	1	1	3
160 Other diseases, integumentary system	1	1	1	1	1	1	1	1	3

VII.—Violence

161 Railroad accident	45	49	34	37	49	59	67	73	53	32	45	45	579
162 Other accident	12	10	10	13	12	14	4	11	11	10	12	4	133
163 Homicide	31	35	17	17	29	29	59	50	33	20	25	31	376
164 Suicide	2	4	7	6	8	6	4	12	7	1	8	8	73
165 Execution	1	1	1	1	1	1	1	1	1	1	1	1	1

VIII.—Otherwise Unclassified

166 Dropsy	63	62	25	57	101	80	137	138	110	82	76	85	1,016
167 Debility	5	4	4	2	2	3	4	1	9	10	6	6	56
168 Atrophy from inanition	3	10	10	8	8	19	3	4	18	6	6	8	103
169 Mortification	19	20	4	33	56	39	89	79	39	45	35	47	505
170 Tumor	1	1	1	1	1	1	1	1	1	1	1	1	11
171 Abscess	2	2	2	6	3	4	2	2	1	1	1	1	11
172 Hemorrhage	2	4	4	2	3	2	14	15	9	2	1	8	23
173 Sun-stroke	1	1	1	1	1	1	1	1	1	1	1	1	36
174 Sudden, not stated	1	1	1	1	1	1	1	1	1	1	1	1	4
175 Ill-defined	28	16	5	5	15	8	10	18	8	6	13	13	141
176 Unknown	3	2	1	1	6	3	7	17	20	10	12	3	85

TABLE XVI.—Deaths from Specified Causes (classified) reported in Cook County during the year 1882: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals.....
POPULATION.....	20,666	94,850	90,217	79,458	78,602	129,198	88,508	61,927	39,764	20,167	712,622
Total deaths from all causes	4,613	2,758	899	401	479	1,471	1,123	771	694	561	14,443
I.—Specific Febrile or Zymotic Diseases.....	1,618	1,269	557	165	156	594	215	134	84	71	4,902
A.—MIASMATIC DISEASES.....											
1 Small-pox.....	675	941	525	146	140	523	152	99	48	39	3,304
2 Varioloid.....	256	253	241	33	41	277	94	57	26	14	1,295
3 Chicken-pox.....	2	2	18	3	3	4					2
4 Measles.....	53	124	67	13	5	9	2	1			201
5 Scarlet fever.....	25	146	2			3		1			269
6 Typhus fever.....	2					8					7
7 Influenza.....											2
8 Mumps.....											2
9 Diphtheria.....	81	216	137	32	8	4	3	1			512
10 Cerebro-spinal fever.....	61	39	18	6	3	5	3	2	3	2	144
11 Whooping-cough.....	49	39	3					3			94
12 Continued fever.....											1
13 Enteric fever.....	6	37	32	55	72	186	45	32	16	19	508
14 Yellow fever.....											1
15 Other miasmatic diseases.....	142	55	7	4	6	30	5	2	3	3	269
E.—DIARRHÆIC DISEASES.....	907	299	13	6	3	9	9	15	12	18	1,305
16 Cholera infantum.....	649	213	8	2							882
17 Cholera morbus.....	5	9	1			4	2	4	3		32
18 Winter cholera.....											1
19 Diarrhet.....	200	61	2	2	1			6	5	12	285
20 Dysentery.....	33	16	2	2	2	5	5	5	4	6	86

C.—MALARIAL DISEASES.										
21	Intermittent fever.....	5	9	5	2	2	3	5	4	52
22	Remittent fever.....	4	3	1	2	1	3	1	2	3
23	Congestive fever.....	1	5	4	1	1	1	1	1	16
24	Other malarial diseases.....	.....	.....	.....	.....	.....	3	3	1	5
D.—ZOOGENOUS DISEASES.										
25	Hydrophobia.....	.....	4	6	2	2	.....	2	1	18
26	Other zoonenous diseases.....	.....	4	3	1	1	.....	2	1	4
E.—VENEREAL DISEASES.										
27	Syphilis.....	11	3	2	2	1	4	2	1	27
28	Other venereal diseases.....	11	3	2	2	1	4	2	1	27
F.—SEPTIC DISEASES.										
29	Phagedena.....	20	13	6	7	8	43	15	9	196
30	Erysipelas.....	15	5	1	4	2	.....	.....	.....	1
31	Pyæmia.....	3	3	5	2	1	4	9	5	59
32	Septicæmia.....	2	5	.....	1	1	7	3	1	43
33	Puerperal fever.....	.....	.....	.....	.....	4	10	2	1	34
II.—Parasitic Diseases.										
34	Thrush.....	4	2	.....	.....	.....	3	.....	.....	11
35	Hydatids.....	4	2	.....	.....	.....	2	.....	.....	7
36	Worms.....	.....	.....	.....	.....	.....	1	.....	.....	3
37	Trichiniasis.....	.....	.....	.....	.....	.....	1	.....	.....	1
38	Other parasitic diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III.—Dietic Diseases.										
39	Starvation.....	.....	.....	.....	.....	.....	16	19	4	60
40	Scurvy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
41	Alcoholism.....	.....	.....	.....	.....	.....	13	16	9	46
42	Delirium tremens.....	.....	.....	.....	.....	.....	4	3	1	14
IV.—Constitutional Diseases.										
43	Rheumatic fever.....	228	67	19	21	81	265	248	126	1,294
44	Rheumatic heart.....	1	.....	.....	2	1	7	9	4	32
45	Rheumatism.....	.....	.....	.....	.....	2	1	3	2	11
46	Gout.....	.....	.....	2	1	10	21	17	4	60

72	Chorea	1	1	1	3	6	6	1	3	1	3	3
73	Epilepsy	2	4	3	13	7	6	7	3	3	3	37
74	Convulsions	836	195	21	10	21	8	3	1	1	1	1,065
75	Tetanus	21	4	10	11	1	8	3	1	1	1	21
76	Tetanus	4	1	10	11	1	8	3	1	1	1	39
77	Diseases of spinal cord	184	148	29	28	55	47	51	34	30	9	690
78	Other diseases, nervous system											
B.—ORGANS OF SPECIAL SENSE.												
79	Epistaxis						1					3
80	Other diseases, nose, ear and eye											
C.—CIRCULATORY SYSTEM.												
81	Endocarditis	6	5	9	5	11	27	61	44	39	27	259
82	Pericarditis											
83	Hypertrophy of heart		2	1	2	3	3	5	2	1	1	9
84	Angina pectoris			2	1	1	1	3	3	4	2	20
85	Valvular disease of heart	1		2	2	4	19	36	21	22	15	15
86	Syncope	3	2	5	2	4	19	36	21	22	15	9
87	Aneurism	1	1	1	1	2	1	3	1	1	1	137
88	Senile gangrene											6
89	Embolism											6
90	Thrombosis											2
91	Varicose veins											9
92	Other diseases, circulatory system	2	1	1	1	1	2	3	9	7	4	11
D.—RESPIRATORY SYSTEM.												
93	Laryngitis	64	731	121	31	30	184	169	110	105	113	9,351
94	Croup	9	36	2	1	1	3	1	2	1	1	56
95	Other diseases, larynx and trachea	58	215	51	1	1	1	1	1	1	1	324
96	Emphysema											3
97	Asthma											14
98	Bronchitis	12	2	17	1	2	1	2	2	3	3	63
99	Pneumonia	300	196	33	25	18	107	109	70	28	49	632
100	Typhoid pneumonia	224	228	5	3	2	12	10	2	1	3	956
101	Pleurisy	2	5	3			2	6	2	2	3	39
102	Other diseases, respiratory system	59	49	14	4	7	32	26	17	20	19	257
E.—DIGESTIVE SYSTEM.												
103	Stomatitis	1	327	152	21	32	85	94	63	55	50	953
104	Dentition	8										8
105	Sore throat	33	13				1		1			46
106	Dyspepsia	1	4				1					7
107	Hematemesis						1	1				1

Table XVI—Continued.

CAUSES OF DEATH.	AGES.													
	Under 1 year.	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals.....
108 Melana.....	5	4	1	1	1	5	5	4	5	3	4	4	—	36
109 Disease of stomach.....	71	33	7	1	3	9	6	6	4	4	3	1	—	145
110 Enteritis.....	1	2			21	1	3		2	1			—	29
111 Ulceration of intestines.....						1							—	3
112 Ileus.....						2	2	1	1				—	3
113 Stricture and strangulation of intestines.....		1		3	2	2	4	3	2	3	3	2	—	19
114 Intussusception.....	3	1	1			2	4	4	2	3	3	2	—	25
115 Hernia.....						2	4	4					—	3
116 Fistula.....				13	11	49	30	11	12	7	2	2	—	162
117 Peritonitis.....	12	8	7	1		1	1		1	1			—	29
118 Ascites.....		1											—	2
119 Gallstones.....						1	1	5	1	2	3	1	—	26
120 Jaundice.....	14	2				3	4	9	10	1	1	1	—	36
121 Cirrhosis.....	1		1	5	4	7	7	3	4	7	2		—	33
122 Other diseases of liver.....	51	1	1	12	6	9	27	18	10	18	15	6	—	382
123 Other diseases, digestive system.....	175	82	4										—	2
F.—LYMPHATIC SYSTEM.														
124 Disease of lymphatics.....				1	1								—	2
125 Disease of spleen.....													—	2
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.														
126 Bronchocele.....									1				—	1
127 Addison's disease.....									1				—	1
H.—URINARY SYSTEM.														
128 Nephritis.....	11	19	12	4	2	25	25	30	29	31	17	6	1	212
129 Bright's disease.....	7	14	9	2	1	3	1	4	4	4	4		—	53
130 Uremia.....	2	2	1	2	1	17	18	23	22	14	7	2	1	112
131 Suppression of urine.....						3	4	1	1	1			—	11

Table XVI—Continued.

CAUSES OF DEATH.	AGES.													
	Under 1 year.	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals.....
VII.—Violence.	25	37	50	67	77	147	97	69	70	14	4	3	.....	660
161 Railroad accident.....	.....	.....	.....	12	19	15	53	17	12	2	3	3	.....	136
162 Other accident.....	25	37	49	55	37	62	23	41	54	12	1	.....	.....	386
163 Homicide.....	.....	.....	1	.....	4	16	11	3	.....	.....	.....	.....	.....	36
164 Suicide.....	.....	.....	.....	.....	17	54	9	8	3	.....	.....	.....	.....	91
165 Execution.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
VIII.—Otherwise Unclassified	411	52	24	9	13	27	59	57	84	94	70	35	2	937
166 Dropsy.....	7	8	8	4	3	3	8	21	14	23	12	4	.....	115
167 Debility.....	95	7	7	.....	.....	21	12	7	48	59	51	31	2	314
168 Atrophy from inanition.....	265	19	4	2	.....	1	4	.....	1	5	4	.....	.....	306
169 Mortification.....	1	1	1	.....	.....	1	1	1	2	2	.....	.....	.....	9
170 Tumor.....	.....	.....	.....	.....	1	.....	2	2	4	.....	.....	.....	.....	9
171 Abscess.....	5	1	2	.....	.....	3	2	2	.....	1	.....	.....	.....	17
172 Hemorrhage.....	6	5	2	1	2	4	19	4	7	3	1	.....	.....	57
173 Sun-stroke.....	.....	.....	.....	.....	.....	1	1	2	2	.....	.....	.....	.....	6
174 Sudden—not stated.....	.....	2	4	1	5	1	3	7	2	1	2	.....	.....	3
175 Ill-defined.....	18	3	4	1	.....	7	.....	.....	.....	.....	.....	.....	.....	56
176 Unknown.....	14	.....	4	1	2	3	5	9	4	.....	.....	.....	.....	45

TABLE XVII.—Deaths from Specified Causes (classified) reported in Cook County during the year 1882: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.			LOCALITY.		Totals							
	Male	Female	Not stated...	White.....	Colored.....	Not stated...	Illinois.....	United States	Foreign.....	Not stated...	Widow		Widower	Married	Single	Not stated...	Places over 5,000 pop...	Places between 500-5,000 pop.	Under 500 pop. or in country
Total deaths from all causes.																			
	7,970	6,473		11,326	117			9,925	4,418		386	456		10,630	2,971		12,575	1,050	818 14,413
	2,606	2,296		4,871	31			3,610	1,292		52	41		4,113	696		4,351	324	227 4,902
	1,797	1,507		3,279	25			2,393	911		32	27		2,731	514		2,975	196	133 3,304
I.—Specific Febrile or Zymotic Diseases																			
A.—MIASMATIC DISEASES.....																			
1 Small-pox.....	781	514		1,285	10			935	360		15	10		957	313		1,259	26	10 1,295
2 Varioloid.....	1	1		2				2						2			2		2
3 Chicken-pox.....	95	106		201				141	60					201			182	12	7 201
4 Measles.....	127	142		269				227	42					265	4		249	31	19 269
5 Scarlet fever.....	4	3		7				2	5					3	1		5	1	1 7 2
6 Typhus fever.....	1	1		2				2						2			2		2
7 Influenza.....																			
8 Mumps.....	261	248		504	8			435	77					508	3		452	37	23 512
9 Diphtheria.....	71	73		142	2			119	25					136	8		138	5	1 144
10 Cerebro-spinal fever.....	42	52		94				83	11					92	1		88	2	4 91
11 Whooping-cough.....				1				1											1
12 Continued fever.....				503	5			231	277					319	156		453	26	20 508
13 Enteric fever.....	273	235												237	25		174	56	39 269
14 Yellow fever.....	137	132		269				215	51										
15 Other miasmatic diseases.....																			
B.—DIARRHETIC DISEASES																			
16 Cholera infantum.....	678	627		1,301	4			1,048	257					1,234	50		1,115	111	79 1,305
17 Cholera morbus.....	453	439		890	2			780	112					892			754	85	53 892
18 "Winter cholera".....	22	10		32				9	23					11	4		31		1 32
19 Diarrhea.....	166	123		291	1			208	57					270	18		259	21	19 255
20 Dysentery.....	37	49		85	1			51	25					61	18		751		6 8

Table XVI. —Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.			Totals			
	Male	Female	Not stated...	White.....	Colored.....	Not stated...	United States	Foreign	Not stated...	Single	Married	Widower	Widow		Not stated...	Places over 5,000 pop...	Places between 500-5,000 pop.	Under 500 pop. or in country...
C.—MALARIAL DISEASES.	31	21		52				31	21		31	17	3	1	46	3	3
21 Intermittent fever.....	2	1		3				2	1		3				3		3
22 Remittent fever.....	7	9		16				8	8		10	5	1		16		16
23 Congestive fever.....	5			2				3	4		2	3	1		4	1	5
24 Other malarial diseases.....	17	11		28				20	8		16	10	1	1	23	2	23
D.—ZOÖGENOUS DISEASES	11	7		17	1			13	5		14	4			16	1	1
25 Hydrophobia.....	3	1		4				4			4				4		4
26 Other zöogenous diseases.....	8	6		13	1			9	5		10	4			12	1	14
E.—VENEREAL DISEASES.....	19	8		26	1			20	7		19	8			26	1	27
27 Syphilis.....	19	8		26	1			20	7		19	8			26	1	27
28 Other venereal diseases.....																	
F.—SEPTIC DISEASES	70	126		196				105	91		84	103	5	4	173	12	11
29 Phagedena.....		1		1								1			1		1
30 Erysipelas.....	33	26		59				38	21		32	21	3	3	54	3	59
31 Pyæmia.....	24	19		43				25	20		25	15	2	1	43	6	43
32 Septicæmia.....	13	21		34				21	13		15	19			29	3	34
33 Puerperal fever.....		59		59				22	37		12	47			56	1	59
II.—Parasitic Diseases.	4	7		11				8	3		9	2			6	3	2
34 Trichinæ.....																	
35 Hydatids.....	3	4		7				7			7				4	1	2
36 Worms.....	1	2		3				1	2		2	1			1	2	3
37 Trichinæ.....																	
38 Other parasitic diseases.....		1		1					1		1				1		1

III.—Dietic Diseases

39 Starvation	18	12	58	2	14	46	23	3	6	53	3	4	60
40 Scurvy	37	9	44	2	9	37	18	20	2	40	2	4	46
41 Alcoholism	11	3	14		5	9	5	8	1	13	1		14
42 Delirium tremens													

IV.—Constitutional Diseases.

43 Rheumatic fever	720	574	1,279	15	717	577	729	470	39	56	72	62	1,294
44 Rheumatic heart	14	18	32		13	19	11	17	1	3	6	3	32
45 Rheumatism	8	3	11		2	9	2	4	5	23	3	11	32
46 Gout	34	26	59	1	28	32	14	42	2	52	5	3	60
47 Rheumatism	2	2	4		4		4			4			4
48 Cancer	50	34	83	1	50	31	29	42	4	72	7	5	81
49 Tubercular meningitis	20	17	37		28	9	32	3	2	34	2	1	37
50 Tubercular meningitis	22	18	40		33	7	38	2		36	2	40	37
51 Tubercular meningitis	415	318	724	12	335	398	369	321	17	467	30	36	753
52 Scrofula	5	8	13		11	3	9	2		11	1	1	13
53 Purpura	5	6	11		8	3	11	2		9	1	1	11
54 Anemia	4	8	12		7	5	4	5	1	7	3	2	12
55 Diabetes mellitus	13	5	18		7	11	7	9	2	13	3	2	18
56 Other constitutional diseases	128	111	238	1	191	48	197	20	8	226	8	5	239

V.—Developmental Diseases.

57 Premature birth	168	193	357	4	298	153	176	49	38	391	34	26	361
58 Atelectasis	67	42	105	4	109	1	109			84	15	10	109
59 Cyanosis	6	4	10		9	1	10			8	1	1	10
60 Spina bifida	9	12	21		21		21			19	1	1	21
61 Other congenital defects	7	5	12		12		12			9	1	2	12
62 Umbilical hemorrhage	2	3	5		4	1	5			3	1		5
63 Old age	77	127	204		53	151	19	49	38	178	15	11	204

VI.—Local Diseases

	3,424	2,794	6,180	38	4,272	1,946	4,573	1,255	161	5,314	482	392	6,218
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A.—NERVOUS SYSTEM.

64 Inflammation of brain	1,251	1,048	2,295	4	1,797	592	1,902	291	43	1,998	171	130	2,299
65 Apoplexy	122	74	195	1	140	55	139	47	7	128	33	35	196
66 Softening of brain	78	65	143	1	53	88	56	72	14	127	8	8	143
67 Hydrocephalus, not acute	3	4	6		6	7	3	8		12	1	1	13
68 Hemiplegia	32	33	65		59	6	64	1		55	7	3	65
69 Paralysis agitans	8	7	15		6	9	3	6	4	12	2	1	15
70 General paralysis of insane	3	2	5		3	2	1	4		5			5
71 Paraplegia	2	1	3		1	2	2	1		3		1	3
72 Clonus	1	2	3		3		2			1		1	3
73 Epilepsy	26	11	37		13	24	20	15		28	6	3	37

Table XVII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals				
	Male	Female	Not stated...	White.....	Colored	Not stated...	Illinois	United States	Foreign	Not stated...	Single	Married	Widow		Not stated...	Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country
74 Convulsions	532	532	.....	1,063	2	.....	.....	974	91	.....	1,065	.....	.....	.....	981	51	33	1,065
75 Trismus nascentium.....	10	11	.....	21	.....	.....	.....	15	6	.....	21	.....	.....	.....	10	10	1	21
76 Tetanus.....	37	2	.....	39	.....	.....	.....	27	12	.....	34	.....	.....	.....	33	4	2	39
77 Diseases of spinal cord	3	1	.....	4	.....	.....	.....	4	.....	.....	2	.....	.....	.....	4	.....	.....	4
78 Other diseases, nervous system.	387	303	.....	690	.....	.....	491	139	.....	512	132	17	29	.....	590	57	43	690
B.—ORGANS OF SPECIAL SENSE	3	.....	.....	3	.....	.....	.....	.....	3	.....	1	2	.....	.....	2	.....	1	3
79 Epistaxis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
80 Other diseases, nose, ear and eye	3	.....	.....	3	.....	.....	.....	.....	3	.....	1	2	.....	.....	2	.....	1	3
C.—CIRCULATORY SYSTEM.....	147	112	.....	259	.....	.....	135	124	.....	80	146	18	15	.....	209	23	27	259
81 Endocarditis.....	4	5	.....	9	.....	.....	6	3	.....	.....	6	2	1	.....	8	.....	1	9
82 Pericarditis.....	10	10	.....	20	.....	.....	16	4	.....	11	8	1	1	.....	16	1	3	20
83 Hypertrophy of heart.....	9	6	.....	15	.....	.....	7	8	.....	4	8	1	2	.....	14	1	.....	15
84 Angina pectoris.....	5	4	.....	9	.....	.....	2	7	.....	4	5	.....	.....	.....	8	.....	1	9
85 Valve-disease of heart.....	78	53	.....	137	.....	.....	66	71	.....	48	74	10	5	.....	119	8	10	137
86 Syncope.....	4	2	.....	6	.....	.....	3	2	.....	3	3	.....	.....	.....	3	2	1	6
87 Aneurism.....	3	3	.....	6	.....	.....	5	1	.....	2	4	.....	.....	.....	3	.....	.....	6
88 Senile gangrene.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	2	.....	.....	2
89 Embolism.....	3	3	.....	6	.....	.....	4	5	.....	1	6	2	1	.....	7	1	1	6
90 Phlebitis.....	2	2	.....	4	.....	.....	2	2	.....	1	2	1	1	.....	3	1	.....	4
91 Varicose veins.....	.....	1	.....	1	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	.....	1
92 Other diseases, circulatory system	24	17	.....	41	.....	.....	23	18	.....	7	28	1	5	.....	22	9	10	41
D.—RESPIRATORY SYSTEM.....	1,332	1,022	.....	2,326	28	.....	1,572	782	.....	1,835	401	49	69	.....	2,002	200	152	2,354
93 Laryngitis.....	26	30	.....	56	.....	.....	52	4	.....	50	6	.....	.....	.....	44	5	7	56
94 Croup.....	175	149	.....	324	.....	.....	286	38	.....	324	.....	.....	.....	.....	294	17	13	324
95 Other diseases, larynx and trachea.....	2	1	.....	3	.....	.....	3	.....	.....	2	1	.....	.....	.....	1	.....	2	3

96 Emphysema.....	9	51	14	.....	.....	3	11	4	7	1	2	.....	13	1	.....	14
97 Asthma.....	28	35	62	1	.....	25	38	18	27	9	9	.....	53	4	6	63
98 Bronchitis.....	328	291	618	4	.....	415	177	552	68	11	11	.....	572	27	25	622
99 Pneumonia.....	577	573	951	5	.....	568	388	704	201	19	32	.....	759	113	84	956
100 Lymphoid pneumonia.....	20	19	39	.....	.....	16	23	19	16	1	3	.....	29	7	8	39
101 Puerisy.....	17	5	20	.....	.....	7	13	7	8	2	3	.....	15	4	1	20
102 Other diseases, respiratory system.....	150	107	239	18	.....	167	90	175	67	6	9	.....	222	20	15	257
E.—DIGESTIVE SYSTEM.....																
103 Stomatitis.....	520	433	948	5	.....	603	350	627	271	23	32	.....	839	65	59	933
104 Dentition.....	4	4	8	.....	.....	8	.....	8	.....	.....	.....	.....	7	1	.....	8
105 Sore throat.....	20	26	46	.....	.....	41	5	46	.....	.....	.....	.....	12	2	2	46
106 Dyspepsia.....	4	3	7	.....	.....	7	.....	5	2	.....	.....	.....	5	1	1	7
107 Hematemesis.....	.....	1	1	.....	.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	1
108 Melana.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
109 Disease of stomach.....	16	20	31	2	.....	26	10	16	18	.....	2	.....	30	2	4	36
110 Enteritis.....	80	65	145	.....	.....	110	35	123	17	1	4	.....	132	8	5	145
111 Ulceration of intestines.....	8	4	12	.....	.....	6	.....	4	7	1	.....	.....	12	.....	.....	12
112 Ileus.....	1	1	2	.....	.....	1	1	1	1	.....	.....	.....	2	.....	.....	2
113 Stricture and strangulation of intestines.....	3	.....	3	.....	.....	.....	3	.....	3	.....	.....	.....	.....	.....	.....	3
114 Intussusception.....	14	5	19	.....	.....	7	12	8	11	.....	.....	.....	18	1	1	1
115 Hernia.....	16	9	25	.....	.....	10	15	8	10	5	2	.....	23	1	.....	25
116 Fistula.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
117 Peritonitis.....	62	100	160	2	.....	79	83	76	76	4	6	.....	152	6	4	162
118 Ascites.....	4	5	9	.....	.....	3	6	2	4	.....	3	.....	7	1	1	9
119 Gallstones.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
120 Jaundice.....	16	10	26	.....	.....	19	.....	18	5	.....	3	.....	21	3	2	26
121 Cirrhosis.....	23	13	36	.....	.....	31	25	23	23	6	3	.....	50	3	3	56
122 Other diseases of liver.....	15	18	33	.....	.....	14	19	12	15	.....	4	.....	22	8	3	33
123 Other diseases, digestive system.....	233	149	381	1	.....	259	123	292	77	3	5	.....	323	27	32	382
F.—LYMPHATIC SYSTEM.....																
124 Disease of lymphatics.....	.....	1	2	.....	.....	.....	2	.....	.....	2	.....	.....	2	.....	.....	2
125 Disease of spleen.....	1	1	2	.....	.....	.....	2	.....	.....	2	.....	.....	2	.....	.....	2
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....																
126 Bronchocyst.....	1	.....	1	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....	.....	1
127 Addison's disease.....	1	.....	1	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....	.....	1

Table XVII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.			Totals			
	Male	Female	White	Colored	Not stated	Illinois	United States	Foreign	Not stated	Single	Married	Widower	Widow	Not stated		Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country
H.—URINARY SYSTEM.	147	65	211	1			90	122		92	78	25	17		187	13	12	212
128 Nephritis.....	35	18	53				34	19		37	9	4	3		47	4	4	53
129 Bright's disease.....	76	36	112				36	76		37	56	6	13		101	7	112	112
130 Uremia	4	7	11				5	6		8	3				10	1	11	11
131 Suppression of urine.....	2	1	3				1	3		1	2				2	1	3	3
132 Calculus.....	1		1				1	1		1	1				1		1	1
133 Hematuria.....																		
134 Disease of bladder and prostate.....	2		2				2	2		1	1				2	1	2	2
135 Other diseases, urinary system.....	27	3	29	1			15	15		9	6	14	1		26	3	30	30
I.—REPRODUCTIVE ORGANS		91	91				47	44		7	81		3		78	6	7	91
<i>a. Organs of Generation.....</i>		25	25				11	14		2	29		3		22	3		25
136 Ovarian disease.....		2	2					2							2			2
137 Disease of uterus and vagina.....		21	21				9	12		2	17		2		19	2		21
138 Disorders of menstruation.....																		
139 Pelvic abscess.....		2	2				2				1		1		1	1		2
140 Perineal abscess.....																		
141 Diseases of testes, penis, etc.....																		
<i>b. Parturition.....</i>		66	66				36	30		5	61				56	3	7	66
142 Abortion.....		3	3				3	3		1					3			3
143 Miscarriage.....		7	7				4	3							3	1	2	7
144 Puerperal mania.....		8	8				3	5							6		1	8
145 Puerperal convulsions.....		16	16				9	7		1	15				14	1	1	16
146 Placenta previa.....		6	6				3	3		1	4				7	1	1	6
147 Flooding.....		5	5				3	2		1	4				5			5
148 Puerperal eclampsia.....																		
149 Other complications of childbirth.....	19		19				8	11		2	17				16	1	2	19

K.—LOCOMOTOR SYSTEM.

150 Caries and necrosis.....	3	2	5	.....	3	2	5	.....	4	1	.....	5
151 Arthritis.....	1	2	3	.....	.....	3	3	.....	2	1	.....	3
152 Ostitis.....	1	.....	1	.....	.....	1	1	.....	1	.....	.....	1
153 Other diseases, locomotor system.....	1	.....	1	.....	.....	1	1	.....	1	.....	.....	1

L.—INTEGRUMENTARY SYSTEM.

154 Carbuncle.....	19	20	30	.....	.....	25	14	.....	22	11	3	3	4	39
155 Phlegmon.....	2	.....	2	.....	.....	.....	2	.....	.....	1	1	.....	2	2
156 Lupus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
157 Ulcer.....	3	3	6	.....	.....	2	41	.....	.....	3	3	.....	5	6
158 Eczema.....	5	2	7	.....	.....	7	.....	.....	8	2	1	1	5	7
159 Pemphigus.....	.....	2	2	.....	.....	2	.....	.....	3	2	.....	.....	1	2
160 Other diseases, integumentary system.....	9	13	22	.....	.....	14	8	.....	11	5	1	2	19	22

VII.—Violence

161 Railroad accident.....	474	186	640	20	.....	440	220	.....	453	194	11	2	567	58	35	660
162 Other accident.....	133	3	136	.....	.....	.....	55	81	70	55	9	2	104	17	15	136
163 Homicide.....	249	117	301	5	.....	284	112	.....	286	108	2	.....	339	39	18	396
164 Suicide.....	30	6	36	.....	.....	27	9	.....	14	22	.....	.....	35	.....	1	36
165 Execution.....	61	30	76	15	.....	73	18	.....	82	9	.....	.....	88	2	1	91
.....	1	.....	1	.....	.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	1

VIII.—Otherwise Unclassified.

166 Dropsy.....	526	411	930	7	.....	656	281	.....	554	247	82	54	793	74	70	937
167 Debility.....	62	53	114	1	.....	45	70	.....	39	55	10	11	107	3	5	115
168 Atrophy from inanition.....	181	133	312	2	.....	198	116	.....	108	115	64	27	252	32	36	311
169 Morbidity.....	171	155	395	1	.....	281	22	.....	296	5	.....	.....	254	27	25	306
170 Tumors.....	3	6	9	.....	.....	4	.....	.....	.....	3	1	.....	6	1	.....	3
171 Abscess.....	8	8	17	.....	.....	5	4	.....	2	10	.....	1	8	.....	1	17
172 Hemorrhage.....	9	8	17	.....	.....	12	5	.....	23	31	2	.....	15	1	1	17
173 Sun-stroke.....	27	30	57	.....	.....	31	26	.....	.....	.....	.....	.....	52	3	2	6
174 Sun-stroke, not stated.....	5	1	6	.....	.....	.....	2	.....	3	2	.....	.....	6	.....	.....	6
175 Ill-defined.....	2	.....	2	.....	.....	3	.....	.....	40	17	1	.....	52	3	.....	56
176 Unknown.....	29	16	45	.....	.....	32	13	.....	32	7	1	5	38	4	3	45

TABLE XVIII.—Deaths from Specified Causes (classified) reported in Cook County during the year 1882: MONTHS.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November ...	December...	
Total deaths from all causes.....	1,509	1,370	1,414	1,131	1,186	1,111	1,290	1,551	1,102	901	901	977	14,443
I.—Specific Febrile or Zymotic Diseases.													
A.—MIASMATIC DISEASES	576	486	445	329	343	325	540	709	420	302	220	207	4,902
1 Small-pox.....	535	452	407	282	301	225	158	216	173	206	177	172	3,304
2 Varioloid	340	312	293	142	100	60	19	4	4	14	13	18	1,295
3 Chicken-pox.....													
4 Measles.....	7	17	28	30	52	40	13	6	1	3	3	1	201
5 Scarlet fever.....	35	19	9	21	20	15	5	16	8	32	52	37	269
6 Typhus fever.....	2	2	2			2			1				7
7 Influenza.....										2			2
8 Mumps													
9 Diphtheria.....	51	34	47	35	52	45	28	30	34	47	47	61	512
10 Cerebro-spinal fever.....	5	2	10	15	26	18	18	24	10	8	1	7	144
11 Whooping-cough.....	7	9	6	8	10	8	14	10	11	6	4	1	94
12 Continued fever.....													1
13 Enteric fever.....	77	46	29	21	29	24	28	51	58	68	43	34	508
14 Yellow fever.....		13	6	9	12	13	33	75	46	26	14	11	269
15 Other miasmatic diseases.....	11												
B.—DIARRHETIC DISEASES.....	17	16	14	20	20	69	360	466	231	65	21	3	1,305
16 Cholera infantum.....													
17 Cholera morbus.....	5	2	3	6	5	36	274	347	165	38	11		892
18 "Winter cholera".....		2	4			10		12	3	1			32
19 Diarrhea.....	7	10	5	8	13	27	69	86	46	14	6	4	205
20 Dysentery	5	2	2	6	2	6	7	21	17	12	4	2	86

C.—MALARIAL DISEASES.												
21	Intermittent fever.	5	21	3	11	1	2	3	6	7	9	4
22	Remittent fever.	4	1	1	1	2	1	1	2	1	1	3
23	Congestive fever.	1	1	1	1	1	1	1	1	1	2	16
24	Other malarial diseases.	1	1	1	1	1	1	1	3	5	7	28
D.—ZOÖGENOUS DISEASES.												
25	Hydrophobia.	2	4	4	2	2	4	2	2	2	1	18
26	Other zoonogenous diseases.	2	3	3	4	2	4	1	1	1	1	4
E.—VENEREAL DISEASES.												
27	Syphilis.	5	2	2	3	2	4	3	2	1	2	27
28	Other venereal diseases.	5	2	2	3	2	4	3	2	1	2	27
F.—SEPTIC DISEASES.												
29	Phagedæna.	12	14	15	23	16	21	14	17	6	22	196
30	Erysipelas.	7	4	4	4	6	8	2	7	2	4	1
31	Pemphigus.	1	2	3	6	4	2	6	1	2	4	59
32	Septicæmia.	1	1	1	6	3	5	1	3	3	1	43
33	Puerperal fever.	1	7	7	7	3	6	5	6	1	2	34
II.—PARASITIC DISEASES.												
34	Thrush.	1	2	2	1	1	—	3	1	—	2	11
35	Hydatids.	34	2	2	1	—	—	1	—	—	2	7
36	Worms.	30	—	—	—	—	—	2	1	—	—	3
37	Trichiniasis.	30	—	—	—	—	—	—	—	—	—	—
38	Other parasitic diseases.	1	—	—	—	—	—	—	—	—	—	1
III.—DIETIC DISEASES.												
39	Starvation.	8	7	2	2	7	3	2	4	6	7	40
40	Scurvy.	—	—	—	—	—	—	—	—	—	—	—
41	Alcoholism.	7	7	1	1	3	3	2	2	2	7	46
42	Delirium tremens.	1	—	1	1	2	—	—	2	4	1	14
IV.—CONSTITUTIONAL DISEASES.												
43	Rheumatic fever.	124	94	143	96	129	120	102	107	101	77	1,294
44	Rheumatic heart.	3	4	2	3	5	3	1	1	3	4	32
45	Rheumatism.	1	1	—	—	—	—	—	2	2	2	11
46	Gout.	4	6	5	3	1	7	2	3	7	2	60

Table XVIII.--Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January....	February....	March	April	May	June	July	August	September	October....	November...	December...	
107 Hematemesis.....					1								1
108 Melena.....													
109 Disease of stomach.....	1	4	2	3	10	5	6	1	2		2	8	36
110 Enteritis.....	11	9	9	4	16	12	21	26	16	9	4	1	145
111 Ulceration of intestines.....			1			21	6	1	1				12
112 Ileus.....										1			1
113 Stricture and strangulation of intestines.....													
114 Intussusception.....	1	1		1	2	1	2	1	1	1	5	1	19
115 Hernia.....	4	2	2	1	1	4	2	3	1	1	1		25
116 Fistula.....													
117 Peritonitis.....	11	14	19	15	11	15	12	16	8	13	15	13	165
118 Ascites.....	5				1	1	1	1					9
119 Gallstones.....													
120 Jaundice.....	4	3	3	4	2	2	2	2		2	1		26
121 Cirrhosis.....	2	4	2			3	3	3	4	5	4	1	36
122 Other diseases of liver.....	4	5	2	1	2	4	3	3	4	1		5	33
123 Other diseases, digestive system.....	17	20	26	34	34	33	45	82	47	14	16	11	382
F.—LYMPHATIC SYSTEM.....						1							2
124 Disease of lymphatics.....													
125 Disease of spleen.....						1							2
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....										1			1
126 Bronchocele.....													
127 Addison's disease.....										1			1
H.—URINARY SYSTEM.....	22	16	17	22	14	12	17	10	16	23	24	19	212
128 Nephritis.....													
129 Bright's disease.....	5	8	3	8	4	2	6	1	6	4	7	3	53
130 Uremia.....	13	9	11	11	5	9	8	6	6	13	10	11	112
			1		1		1	1		1	3	3	11

Table XVIII.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November...	December...	
VII.—Violence.	61	47	30	54	47	78	68	76	47	47	43	62	660
161 Railroad accident.....	23	16	3	18	10	9	4	11	9	8	11	14	135
162 Other accident	27	26	23	26	30	46	48	53	20	30	25	34	336
163 Homicide	1	4	1	1	1	10	6	3	2	1	1	7	36
164 Suicide	10	2	3	9	7	13	10	9	6	8	7	7	91
165 Execution									1				1
VIII.—Otherwise Unclassified.	93	85	83	54	74	63	81	98	72	74	82	78	937
166 Dropsy	10	14	12	7	11	10	10	5	3	7	12	14	115
167 Debility	34	40	32	22	19	20	19	22	20	32	33	21	314
168 Atrophy from inanition.....	22	13	20	16	23	19	30	47	43	23	27	24	306
169 Mortification.....	1	1		2		1	1	1	1	1	1	2	9
170 Tumor	1		2	1			3	3	1	3	2		9
171 Abscess	1		2	1	2	1	3	2	1	3	2		17
172 Hemorrhage	4	4	5	2	5	3	11	7	2	4	5	5	57
173 Sun-stroke						3	1	2					6
174 Sudden—not stated.....				1		1	1		1				3
175 Ill-defined.....	12	7	5	1	4	2	4	8	1	1	1	10	56
176 Unknown	9	6	7	2	10	3	1	1	1	2	1	2	45

TABLE XIX.—Deaths from Specified Causes (classified) reported in Cook County during the year 1883: AT GIVEN AGES.

CAUSES OF DEATH.	AGES.										
	Under 1 year	Between 1 and 5 years	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
POPULATION.....	22,625	103,812	98,772	86,991	86,054	141,447	96,889	67,799	43,531	22,079	780,185
Total deaths from all causes.....	4,414	2,274	609	264	426	1,193	1,070	933	810	624	13,298
I.—Specific Febrile or Zymotic Diseases.	1,307	1,453	310	75	142	209	154	80	65	35	3,536
A.—Miasmatic Diseases.....	357	828	281	65	115	155	69	32	29	14	1,990
1 Small-pox.....	8	14	6	2	3	4	2	2	3	1	45
2 Varioloid.....	1	1	1	1	1	1	1	1	1	1	9
3 Chicken-pox.....	18	24	1	1	1	1	1	1	1	1	41
4 Measles.....	33	286	98	12	8	10	3	3	2	2	452
5 Scarlet fever.....	1	1	1	1	3	3	1	1	1	2	11
6 Typhus fever.....	1	1	1	1	1	1	1	1	1	1	11
7 Influenza.....	1	1	1	1	1	1	1	1	1	1	11
8 Mumps.....	1	1	1	1	1	1	1	1	1	1	11
9 Diphtheria.....	43	349	130	24	11	4	3	3	1	1	565
10 Cerebro spinal fever.....	71	56	11	6	8	6	1	1	1	1	163
11 Whooping cough.....	48	41	3	1	1	1	1	1	1	1	92
12 Continued fever.....	2	24	29	21	82	123	56	27	21	10	399
13 Enteric fever.....	2	24	29	21	82	123	56	27	21	10	399
14 Yellow fever.....	162	35	3	3	1	4	3	1	1	2	221
15 Other miasmatic diseases.....	871	190	7	3	3	4	13	15	14	10	1,151
B.—DIARRHETIC DISEASES.....	679	134	3	1	1	1	4	7	3	1	833
16 Cholera infantum.....	2	2	1	1	1	1	1	1	1	1	13
17 Cholera morbus.....	155	38	1	1	1	1	1	1	1	1	225
18 "Winter cholera".....	33	16	4	2	2	3	4	4	6	2	78
19 Diarrhea.....	155	38	1	1	1	1	1	1	1	1	225
20 Dysentery.....	33	16	4	2	2	3	4	4	6	2	78

III.—Dietic Diseases

39 Starvation.....	1	.....	.....	.....	6	22	18	8	5	2	.....	62
40 Sourvy.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
41 Alcoholism.....	.....	.....	.....	.....	6	18	15	8	5	2	.....	51
42 Delirium tremens.....	.....	.....	.....	.....	.....	4	3	.....	.....	.....	.....	7

IV.—Constitutional Diseases

43 Rheumatic fever.....	82	80	22	32	106	371	340	258	164	108	51	5	1,619
44 Rheumatic heart.....	.....	1	1	1	.....	3	7	2	2	.....	.....	.....	16
45 Rheumatism.....	1	2	2	3	6	3	2	3	2	2	.....	.....	14
46 Gout.....	.....	.....	.....	.....	.....	5	6	7	6	4	2	1	43
47 Rickets.....	.....	2	.....	.....	.....	.....	1	.....	.....	1	.....	.....	2
48 Cancer.....	.....	2	.....	.....	.....	6	25	55	53	40	18	1	200
49 Tabes mesenterica.....	9	7	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	18
50 Tubercular meningitis.....	26	25	5	3	.....	2	.....	.....	.....	.....	.....	.....	61
51 Phtisis.....	18	36	9	19	90	236	284	177	85	48	21	3	1,125
52 Scrofula.....	7	1	1	.....	.....	1	.....	1	1	.....	.....	.....	9
53 Purpura.....	1	.....	.....	.....	.....	.....	2	1	.....	.....	.....	.....	5
54 Anemia.....	3	.....	2	1	.....	5	1	2	2	4	.....	.....	19
55 Diabetes mellitus.....	.....	.....	.....	.....	.....	2	2	2	2	2	.....	.....	11
56 Other constitutional diseases.....	17	4	2	5	4	14	10	9	13	7	8	.....	93

V.—Developmental Diseases

57 Premature birth.....	268	2	.....	.....	.....	.....	.....	.....	23	98	101	18	510
58 Asteleotus.....	152	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	152
59 Cyanosis.....	14	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	15
60 Spina bifida.....	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	16
61 Other congenital defects.....	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	15
62 Umbilical hemorrhage.....	58	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	59
63 Old age.....	13	.....	.....	.....	.....	.....	.....	.....	.....	23	98	101	18

VI.—Local Diseases

64 Inflammation of brain.....	2,174	1,637	233	91	128	393	303	418	441	389	200	56	3	5,909
65 Apoplexy.....	1,185	320	48	23	20	61	61	76	96	86	63	13	1	2,659
66 Softening of brain.....	192	143	13	6	5	24	20	10	15	4	5	1	.....	418
67 Hydrocephalus, not acute.....	5	1	1	.....	1	11	13	26	40	40	24	6	.....	168
68 Hemiplegia.....	22	13	.....	.....	2	3	3	7	9	10	4	.....	.....	38
69 Paralysis agitans.....	.....	.....	.....	.....	.....	1	2	2	4	4	7	8	.....	35
70 General paralysis of insane.....	.....	1	.....	.....	.....	2	3	3	2	2	2	.....	.....	2
71 Paraplegia.....	.....	.....	.....	.....	.....	1	1	.....	2	1	1	.....	.....	14
72 Chorea.....	2	.....	1	.....	.....	1	.....	.....	1	1	.....	.....	.....	6
73 Epilepsy.....	.....	.....	1	1	1	4	5	4	1	2	.....	.....	.....	8

Table XIX.—Continued.

CAUSES OF DEATH.	AGES.													
	Under 1 year	Between 1 and 5 years.	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals
133 Hematuria.....	1		1			1	1	3	3	3	2	3		18
134 Disease of bladder and prostate.....			2							3	2	1		15
135 Other diseases, urinary system.....														
I.—REPRODUCTIVE ORGANS.....														
<i>a. Organs of Generation.....</i>														
136 Ovarian disease.....					5	43	36	31	9	3	1	1		129
137 Disease of uterus and vagina.....					2	7	8	19	8	3	1	1		49
138 Disorders of menstruation.....					1		1	4						
139 Pelvic abscess.....							4	10	8	2	1			27
140 Perineal abscess.....						7	1			1				15
141 Diseases of testes, penis, etc.....			1				2	5						8
<i>b. Parturition.....</i>														1
142 Abortion.....					3	36	28	12	1					80
143 Miscarriage.....						2	2							4
144 Puerperal mania.....						5	15							20
145 Puerperal convulsions.....					1	15	10	1	1					27
146 Placenta previa.....						2	1	4						7
147 Flooding.....														
148 Plegmasia dolens.....					2	1	7	6						1
149 Other complications of childbirth.....						9								24
K.—LOCOMOTOR SYSTEM.....														
150 Caries and necrosis.....	1	3		3	1	2	2	2	2	1				17
151 Arthritis.....	1			3		1			1					6
152 Ostitis.....		1							1					2
153 Other diseases, locomotor system.....		2					2	1						23

L.—INTEGUMENTARY SYSTEM.										
154 Carbuncle	5	1	.....	2	1	.....	4	.....	2	25
155 Pilegrmon .....	.....	.....	.....	.....	1	1	.....	.....	1	4
156 Lupus .....	.....	.....	.....	.....	.....	.....	.....	.....	2	2
157 Ulcer .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
158 Eczema	5	1	.....	.....	1	.....	3	.....	1	12
159 Pemphigus .....	.....	.....	.....	.....	.....	.....	.....	.....	6	6
160 Other diseases, Integumentary system .....	.....	.....	.....	.....	1	.....	.....	.....	.....	1
VII.—Violence										
161 Railroad accident	29	49	37	54	44	128	119	115	78	710
162 Other accident	4	3	10	13	8	38	21	16	16	141
163 Homicide	25	46	27	40	29	63	64	71	46	441
164 Suicide .....	.....	.....	.....	1	6	8	5	1	2	23
165 Execution .....	.....	.....	.....	.....	4	19	29	27	14	165
VIII.—Otherwise Unclassified										
166 Dropsy	541	53	7	9	6	26	42	44	54	910
167 Debility	1	8	4	4	1	5	11	25	26	135
168 Atrophy from inanition	35	6	1	.....	1	4	3	2	8	135
169 Mortification	467	31	.....	1	1	1	.....	.....	1	507
170 Tumor .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
171 Abscess .....	.....	1	.....	.....	1	5	5	4	7	31
172 Hemorrhage	9	4	1	1	1	3	7	4	3	36
173 Sun-stroke	3	.....	.....	1	1	5	10	5	6	39
174 Sudden—not stated .....	.....	.....	.....	.....	1	.....	3	1	1	6
175 Ill-defined .....	.....	1	1	.....	.....	.....	.....	.....	.....	.....
176 Unknown	20	2	.....	2	.....	2	1	2	3	21
	.....	.....	.....	.....	.....	1	2	1	1	30

TABLE XX.—Deaths from Specified Causes (classified) reported in Cook County during the year 1883: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.			COLOR.			NATIVITY.			SOCIAL CONDITION.			LOCALITY.			Totals.....			
	Male.....	Female.....	Not stated...	White.....	Colored.....	Not stated..	Illinois.....	United States	Foreign.....	Not stated...	Single.....	Married.....	Widower...	Widow.....	Not stated...		Places over 5,000 pop....	Places between 500-5,000 pop....	Under 500 pop. or in country.....
Deaths from all causes...	7,196	6,102		13,160	138			8,965	4,333		9,184	3,095	331	637		11,552	1,080	666	13,298
I.—Specific Febrile or Zymotic Diseases.....	1,839	1,796		3,509	27			2,782	754		3,051	401	45	39		3,075	282	179	3,536
A.—MIASMATIC DISEASES.....	1,047	943		1,979	11			1,528	462		1,793	167	13	17		1,762	140	88	1,990
1 Small-pox.....	24	21		45				35	10		39	5	1			44	1		45
2 Varioloid.....																			
3 Chicken-pox.....	23	18		41				31	10		40	1				38	1	2	452
4 Measles.....	221	231		450	2			379	73		443	8		1		389	41	2	452
5 Scarlet fever.....	8	3		11				4	7		7	3	1			10		1	11
6 Typhus fever.....																			
7 Influenza.....																			
8 Mumps.....								1											1
9 Diphtheria.....	282	282		564	1			478	87		559	5	1			598	40	17	565
10 Cerebro-spinal fever.....	76	83		159	2			144	17		162	9				135	16	10	161
11 Whooping cough.....	43	49		91	1			81	11		92					83	2	5	92
12 Continued fever.....																			
13 Intermittent fever.....	243	156		394	5			180	219		253	129	7	10		318	27	24	399
14 Yellow fever.....																			
15 Other miasmatic diseases.....	127	94		221				193	28		205	7	3	6		202	12	7	221
B.—DIARRHETIC DISEASES.....	631	520		1,141	10			1,043	108		1,084	38	18	11		986	100	65	1,151
16 Cholera infantum.....	429	381		808	5			786	27		813					635	73	45	813
17 Cholera morbus.....	25	8		33				25	12		11	12	6	4		26	5	1	33
18 "Winter cholera".....	1	1		2				3			2					1			2
19 Diarrhea.....	135	90		221	4			193	32		195	15	9	6		194	18	13	225
20 Dysentery.....	41	37		77	1			50	28		63	11	3	1		70	4	4	77

Table XX.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.					LOCALITY.		Totals				
	Male	Female	Not stated...	White	Colored.....	Not stated...	Colored	United States	Foreign	Not stated...	Single	Married	Widower	Widow		Not stated...	Places over 5,000 pop...	Places between 500-5,000 pop...	Under 500 pop. or in country.....
47 Rickets	1	1		2				2	47		22	129				2	170	20	10
48 Cancer	80	120		200				183	18		22					15	18	18	90
49 Tubercular meningitis	11	7		18				5	56		61					3	61	3	61
50 Tubercular meningitis	32	29		59	2			56	620		497	536				69	91	69	1,126
51 Phthisis	532	534		1,043	33			8	1		3	1				7	9	9	3
52 Scrophula	6	3		8				2	1		3	1				4			5
53 Purpura	3	2		5				3	2		3	1				1			3
54 Anemia	6	13		19				12	7		9	9				17	1	1	19
55 Diabetes mellitus	6	5		11				2	9		2	2				10	1	2	13
56 Other constitutional diseases	44	49		93				49	44		48	27				86	5		93
V.—Developmental Diseases																			
57 Premature birth	257	253		507	3			318	192		289	52	53	116		414	60	36	510
58 Atelectasis	79	73		150	2			152			152					132	12	8	152
59 Cyanosis	12	3		15				15			15					10	4	1	15
60 Spina bifida	8	8		16				16			16					9	3	3	16
61 Other congenital defects	9	6		15				15			15					9	2	4	15
62 Umbilical hemorrhage	34	25		59				59			59					54	5		59
63 Old age	7	6		13				13			13					11	1	1	13
	108	132		239	1			48	192		19	52	53	116		188	33	19	240
VI.—Local Diseases																			
	3,201	2,708		5,862	47			4,129	1,780		4,074	1,392	144	289		5,236	433	240	5,909
A.—NERVOUS SYSTEM																			
64 Inflammation of brain	1,156	993		2,047	12			1,712	347		1,690	260	32	77		1,827	164	68	2,055
65 Apoplexy	238	200		436	2			374	64		385	44	5	4		396	26	16	438
66 Softening of brain	99	69		168				46	122		33	91	16	28		141	15	12	168
67 Hydrocephalus, not acute	21	17		38				12	26		2	25	3	8		30	6	2	38
68 Hemiplegia	22	13		35				35			35					32	3		35
69 Paralysis agitans	9	14		23				6	17		5	10				14	8	1	23
70 General paralysis of insane	1	1		2				1			1	1				1	1		2
71 Paraplegia	3	3		6				7	6		3	8				9	3	2	14
											2		1			4			6

72	Chorea.....	5	3	8	2	6	2	6	2	6	2	8
73	Epilepsy.....	12	9	21	12	12	7	15	4	2	2	21
74	Convulsions.....	614	477	1,084	7	1,071	2	988	79	24	1,091	
75	Tetanus.....	6	6	12	12	12	12	12	12	12	12	
76	Tetanus of spinal cord.....	38	10	46	2	40	4	44	3	1	48	
77	Diseases of spinal cord.....	3	7	16	8	11	5	14	1	1	16	
78	Other diseases, nervous system.....	72	68	138	1	80	59	51	60	7	139	
B.—ORGANS OF SPECIAL SENSE.....												
79	Optic nerves.....	3	2	5	.....	5	.....	5	.....	.....	5	
80	Other diseases, nose, ear and eye.....	3	2	3	.....	3	.....	3	.....	.....	3	
C.—CIRCULATORY SYSTEM.....												
81	Endocarditis.....	213	175	381	7	183	205	154	177	19	38	388
82	Pericarditis.....	21	17	37	1	18	20	17	17	2	2	38
83	Hypertrophy of heart.....	12	12	23	14	9	14	14	8	.....	.....	23
84	Angina pectoris.....	16	10	26	3	8	18	9	13	4	1	26
85	Valvular disease of heart.....	3	5	8	.....	5	.....	5	.....	.....	.....	8
86	Syncope.....	75	65	135	5	60	80	54	60	12	14	140
87	Aneurism.....	2	3	5	.....	2	.....	2	.....	.....	.....	5
88	Aneurism of the heart.....	9	3	8	1	4	5	2	3	7	.....	9
89	Embolism.....	16	9	25	.....	13	8	6	10	1	1	25
90	Phlebitis.....	12	9	21	.....	13	8	6	10	1	1	21
91	Varicose veins.....	2	5	7	.....	3	.....	2	.....	.....	.....	7
92	Other diseases, circulatory system.....	51	46	97	.....	58	39	47	37	2	11	97
D.—RESPIRATORY SYSTEM.....												
93	Laryngitis.....	1,088	864	1,942	10	1,365	587	1,440	375	45	92	1,952
94	Croup.....	26	19	44	1	37	8	41	3	.....	.....	45
95	Other diseases, larynx and trachea.....	171	172	311	2	292	51	343	.....	.....	1	343
96	Emphysema.....	7	5	12	.....	4	.....	2	2	.....	.....	5
97	Asthma.....	41	31	70	2	2	10	4	6	1	.....	12
98	Bronchitis.....	273	236	507	2	395	114	420	33	6	13	54
99	Pneumonia.....	426	246	722	.....	462	260	470	188	10	22	722
100	Typhoid pneumonia.....	41	29	69	1	33	37	33	30	1	4	61
101	Pleurisy.....	18	7	25	.....	16	9	8	13	2	2	25
102	Other diseases, respiratory system.....	85	64	147	2	106	43	97	43	2	7	149
E.—DIGESTIVE SYSTEM.....												
103	Stomatitis.....	531	505	1,024	12	656	380	649	312	29	46	1,035
104	Dentition.....	2	4	6	.....	5	1	6	.....	.....	.....	6
		25	14	39	.....	37	2	39	.....	.....	.....	39

Table XX.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals			
	Male	Female	Not stated	White	Colored	Illinois	United States	Foreign	Not stated	Single	Married	Widower	Widow		Not stated	Places over 5,000 pop	Place between 500-5,000 pop	Under 500 pop. or in country
105 Sore throat.....	4	1		5			4	1		4	1				5		5
106 Dyspepsia.....	9	7		16			7	6		7	6				15		1
107 Hematemesis.....	2			2			1	1		1	1				3		2
108 Meluria.....		2		2													
109 Disease of stomach.....	4	11		15			5	3		3	7				14	1	15
110 Enteritis.....	195	157		350	2		296	56		321	27				301	29	22
111 Ulceration of intestines.....	11	6		17			8	9		9	6				14	2	1
112 Typhoid.....	5	5		10			9	1		9					10		10
113 Stricture and strangulation of intestines.....	8	3		6			4	2		1	5				5	1	6
114 Intussusception.....	6	15		21			11	10		12	7				19	1	1
115 Hernia.....	9	10		18			2	16		3	9	3			16	2	18
116 Fistula.....	3			3			3			2	2				3		3
117 Peritonitis.....	78	151		225	7		130	102		109	107	6	10		200	21	11
118 Ascites.....	7	3		15	1		2	14		3	13				16		232
119 Gallstones.....																	16
120 Jaundice.....	13	11		24			19	5		18	4				23	2	24
121 Cirrhosis.....	46	14		60			12	48		5	49	4	2		56	3	1
122 Other diseases of liver.....	41	28		68	1		21	48		18	35	6	10		60	4	5
123 Other diseases, digestive system.....	63	51		122	1		80	43		79	32	7	5		102	14	7
F.—LYMPHATIC SYSTEM.....	4	4		8			2	6		1	6	1			7	1	8
124 Disease of lymphatics.....																	
125 Disease of spleen.....	4	4		8			2	6		1	6	1			7	1	8
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....																	
126 Bronchocele.....		1		1			1			1					1		1
127 Addison's disease.....		1		1			1			1					1		1

Table XX.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.		Totals.....			
	Male.....	Female.....	Not stated...	White.....	Colored.....	Not stated...	Illinois.....	United States	Foreign....	Not stated...	Widower....	Widow.....	Not stated...		Places over 5,000 pop....	Places between 500-5,000 pop....	Under 500 pop. or in country....
157 Ulcer.....	7	5	.....	12	.....	.....	.....	.....	10	.....	.....	.....	.....	11	.....	1	12
158 Eczema.....	4	2	.....	6	.....	.....	.....	5	1	.....	6	.....	.....	5	.....	1	6
159 Pemphigus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
160 Other diseases, integumentary system.....	1	.....	.....	1	.....	.....	.....	.....	1	.....	1	.....	.....	1	.....	.....	1
VII.—Violence	576	134	.....	696	14	.....	.....	285	425	.....	394	286	13	577	79	54	710
161 Railroad accident.....	133	8	.....	141	.....	.....	.....	55	86	.....	85	53	.....	107	21	13	141
162 Other accident.....	333	108	.....	439	11	.....	.....	203	238	.....	15	13	.....	365	42	31	441
163 Homicide.....	20	3	.....	22	.....	.....	.....	7	16	.....	15	8	.....	18	4	1	23
164 Suicide.....	90	15	.....	103	2	.....	.....	20	85	.....	36	60	1	87	12	6	105
165 Execution.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIII.—Otherwise Unclassified	457	483	.....	931	9	.....	.....	678	262	.....	651	176	33	787	90	63	940
166 Dropsy.....	54	81	.....	134	1	.....	.....	46	89	.....	27	75	5	117	13	5	135
167 Debility.....	60	75	.....	131	1	.....	.....	52	83	.....	50	35	18	113	12	10	135
168 Atrophy from inanition.....	258	219	.....	501	6	.....	.....	496	11	.....	500	3	2	418	51	38	507
169 Mortification.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
170 Tumor.....	8	23	.....	30	1	.....	.....	8	23	.....	4	18	.....	28	2	1	31
171 Abscess.....	24	12	.....	36	.....	.....	.....	20	16	.....	19	13	2	30	3	3	36
172 Hemorrhage.....	16	53	.....	39	.....	.....	.....	20	19	.....	12	18	1	33	5	1	39
173 Sun-stroke.....	6	.....	.....	6	.....	.....	.....	1	5	.....	.....	.....	.....	5	.....	.....	6
174 Sudden—not stated.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
175 Ill-defined.....	10	11	.....	21	.....	.....	.....	10	11	.....	12	6	1	21	.....	.....	21
176 Unknown.....	21	9	.....	30	.....	.....	.....	26	4	.....	26	3	1	22	4	4	30

TABLE XXI.—Deaths from Specified Causes (classified) reported in Cook County during the year 1883: MONTHS.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November...	December...	
Deaths from all causes.....	1,098	993	1,128	1,045	1,031	908	1,072	1,304	1,126	903	903	1,067	13,298
I.—Specific Febrile or Zymotic Diseases													
A.—Miasmatic Diseases													
1 Small-pox	240	196	223	190	212	254	704	519	335	211	198	251	3,536
2 Varioloid													
3 Chicken-pox													
4 Measles													
5 Scarlet fever	48	27	36	35	40	37	31	45	40	36	28	49	452
6 Typhus fever		1	3	1		1			3	1		1	11
7 Influenza													
8 Mumps		1											1
9 Diphtheria	68	45	59	41	35	31	31	50	38	48	69	63	565
10 Cerebro-spinal fever	22	17	12	21	11	11	12	10	5	12	10	15	161
11 Whooping-cough	7	5	8	5	3	8	11	17	18	6	2	2	92
12 Continued fever													
13 Enteric fever	24	14	25	16	18	23	27	57	43	42	45	65	399
14 Yellow fever													
15 Other miasmatic diseases.....	15	11	20	5	16	20	45	38	22	10	8	11	221
B.—DIARRHETIC DISEASES													
16 Cholera infantum	9	6	17	17	30	88	505	278	127	28	22	24	1,151
17 Cholera morbus	2		8	5	18	76	403	293	76	11	13	8	813
18 "Winter cholera"							14	11	5	3			33
19 Diarrhea	1	1											2
20 Dysentery	4	3	6	8	9	16	70	47	36	5	7	11	255
	2	2	3	4	3	6	18	17	10	9	5	2	78

II.—Dietic Diseases

[illegible]

-19

IV.—Constitutional Diseases.

	151	114	126	150	136	122	141	140	152	112	119	133	1,673
IV.—Constitutional Diseases.....													
43 Rheumatic fever.....	1	1	5	5	1	2	2	1	1	1	16	4	16
44 Rheumatic heart.....	1	3	1	1	1	1	2	3	1	1	14	4	14
45 Rheumatism.....	.4	7	3	5	4	5	5	3	3	8	1	1	43
46 Gout.....	1				1					2	2	2	2
47 Kidneys.....								1		1		1	2
48 Cancer.....	16	12	10	18	14	15	14	24	21	19	19	18	200
49 Tuberc mesenterica.....	5	3	3	1	1	1			1	1	1	2	18
50 Tubercular meningitis.....	4	2	10	11	3	2	5	2	4	8	4	6	61
51 Urthritis.....	105	77	88	103	100	81	104	93	105	75	87	108	1,126
52 Scrofula.....		1				2	2	3				1	9
53 Purpura.....			1	1	1	1	2		5	5	5	2	15
54 Anemia.....	3			3		2		2	1	4		4	19
55 Diabetes mellitus.....	53	1	1	1	1	9	1	1	11	5		1	11
56 Other constitutional diseases.....	56	7	9	4	3	9	9	10	3	5	5	6	93

V.—Developmental Diseases.

V.—Developmental Diseases		45	49	47	51	43	37	51	32	36	38	39	42	510
57	Premature birth.....	12	15	18	15	11	11	22	9	10	10	8	11	152
58	Atelektasis.....	1	2	1	2	1	2	1	1	3	1	1	1	15
59	Cyanosis.....	1	1	1	1	1	1	2	1	1	1	1	1	15
60	Splina bilida.....	3	1	1	1	1	1	1	1	1	1	3	1	16
61	Other congenital defects.....	2	4	3	5	6	6	5	8	4	7	4	5	15
62	Unilateral hemorrhage.....	1	1	1	1	1	1	1	2	2	1	1	1	13
63	Old age.....	25	26	23	25	23	14	19	11	18	18	15	22	240

VI.—Local Diseases.

VI.—Local Diseases	545	517	575	522	517	411	589	444	448	440	407	404	5,309
A.—NERVOUS SYSTEM	161	161	205	153	180	148	273	171	158	139	138	172	2,059

—NERVOUS SYSTEM.

A.-NERVOUS SYSTEM													
64	Inflammation of brain	161	161	205	153	180	148	273	171	158	139	138	172
65	Alopecia	32	34	43	37	46	36	54	33	38	26	36	23
66	Softening of brain	17	13	13	9	19	9	19	11	16	16	11	15
67	Hydrocephalus, not acute	16	4	4	4	5	1	6	2	3	3	3	2
68	Hydrocephalus	4	3	4	2	3	1	3	8	3	1	1	3
69	Hemicrania	3	4	3	1	1	2	3	1	2	1	1	3
70	Paralysis agitans	3	2	1	1	1	1	1	1	2	1	2	4
71	General paralysis of insane	3	2	1	1	1	1	1	1	2	1	1	4
72	Chorea	1	1	1	1	1	1	2	1	2	1	1	8
73	Epilepsy	1	1	1	2	1	1	1	1	6	2	1	21

Table XXI.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February	March	April	May	June	July	August	September ..	October	November...	December...	
74 Convulsions.....	84	86	117	83	90	73	159	101	67	72	69	99	1,491
75 Trismus nascentium	1	1	1	1	4	5	13	1	3	5	3	6	42
76 Tetanus	1	2	13	1	1	1	3	3	6	2	2	5	48
77 Diseases of spinal cord	8	9	14	13	10	16	11	16	12	10	8	12	163
78 Other diseases, nervous system													
B.—ORGANS OF SPECIAL SENSE	3		1				1						5
79 Epistaxis	1		1				1						3
80 Other diseases, nose, ear and eye	2												2
C.—CIRCULATORY SYSTEM	45	33	40	38	30	27	25	38	35	25	25	27	388
81 Endocarditis	11	4	5	5	1	2	1	2	1	1	1	4	38
82 Pericarditis	3	2	1	2	3	2	2	3	2	3	1	2	23
83 Hypertrophy of heart	3	2	4	2	3	1	1	1	2	1	1	1	26
84 Angina pectoris	2								1	1			8
85 Valve-disease of heart	19	9	11	17	11	9	3	15	12	10	12	12	140
86 Syncope		1		1			1				1	1	5
87 Anæmia		1	3		1		1	1				1	9
88 Senile gangrene	2	2		3			1		2	1	2	1	13
89 Embolism	2	4	4	1	1	1	2	3	4			1	21
90 Phlebitis	1			1								1	6
91 Varicose veins	1			5	10	9	12	12	11	8	7	3	97
92 Other diseases, circulatory system		8	12										
D.—RESPIRATORY SYSTEM	221	220	228	199	153	104	86	102	139	162	146	192	1,952
93 Laryngitis		7	2			2		4	4	6	6	4	45
94 Croup	42	26	32	30	19	20	10	9	30	43	40	42	343
95 Other diseases, larynx and trachea		1	2		2								5
96 Emphysema	1	1	4		1			1		1	1	2	12
97 Asthma	3	10	19	7	3	4	5	4	7	9	4	6	72

Table XXI.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January	February....	March	April	May	June	July	August.....	September ..	October.....	November...	December...	
134 Diseases of the bladder and prostate	3	4	1	2	4	1	1	2	1	1	1	2	18
135 Other diseases, urinary system		1		1	2	3							15
I.—REPRODUCTIVE ORGANS.....	19	12	11	12	10	10	12	7	13	5	9	9	129
<i>a. Organs of Generation</i>	5	4	6	2	4	5	4	3	5	2	5	4	49
136 Ovarian disease													
137 Disease of uterus and vagina	3	3	3	1	2	3	1	1	1	2	1	3	7
138 Disorders of menstruation				1	1	1	1	2	3		1		25
139 Pylvic abscess	2	1	3	1	1	2	1	1	1		3	1	15
140 Peritueal abscess					1								
141 Diseases of testes, penis, etc.						1							1
<i>b. Parturition</i>	14	8	5	10	6	5	8	4	8	3	4	5	80
142 Abortion						1	1						
143 Miscarriage		1	1					1		1	2		4
144 Puerperal mania		1	1		1		3		1			3	7
145 Puerperal convulsions	6	1	2	8	1	2	1		5	1		1	10
146 Placenta previa	2	1		1	1			1			1		7
147 Flooding													
148 Pilegmastia dolens	1						3	2	2	1	1		1
149 Other complications of childbirth	5	4	1		4	1							24
K.—LOCOMOTOR SYSTEM	1			1	5	2	2	1	1	2	1	1	17
150 Caries and necrosis				1		2	1		1		1		9
151 Arthritis													1
152 Ostitis	1				1								2
153 Other diseases, locomotor system					4		1	1		1		1	8

L.—INTEGUMENTARY SYSTEM										
154 Carbuncle	2			5	3		5	2	1	25
155 Phlegmon	1				1			1	1	4
156 Lupus										2
157 Ulcer	1		2	4	1			2	1	12
158 Eczema			3	1	1				1	6
159 Pemphigus										1
160 Other diseases, integumentary system										
VII.—Violence	46	40	63	53	60	83	81	59	48	710
161 Railroad accident	4	9	11	8	10	13	15	9	12	141
162 Other accident	32	21	33	35	40	59	54	41	25	441
163 Homicide	3	4	5	1	3	1	1		2	23
164 Suicide	7	6	14	9	7	10	11	9	9	105
165 Execution										
VIII.—Otherwise Unclassified	69	75	84	76	55	57	95	102	97	910
166 Dropsy	7	10	11	14	7	10	8	6	16	135
167 Debility	8	17	9	10	4	8	16	11	17	135
168 Atrophy from inanition	37	27	43	43	32	26	54	73	56	507
169 Mortification										
170 Tumor	3	3	7	3		4	3	3	1	31
171 Abscess	5	4	1	1	2	3	4	3	1	36
172 Hemorrhage	5	5	4	3	2	4	1	2	1	39
173 Sun-stroke							6			6
174 Sudden—not stated										
175 Ill-defined	2	8	4			1	1	2	2	21
176 Unknown	12	2	5	2	6	1	2		5	30

TABLE XXII.—Deaths from Specified Causes (classified) reported in Cook County during the year 1884: AT GIVEN AGES.

CAUSES OF DEATH.		AGES.													
		Under 1 year	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	70-80 years...	80-90 years...	Over 90 years	Totals
POPULATION.....		24,802	113,834	108,276	95,360	94,355	155,058	10,622	74,322	47,723	24,204	11,119	.....	.....	855,255
Total deaths from all causes.....		4,921	2,882	681	255	390	1,284	1,105	917	759	742	495	204	22	14,667
I.—Specific Febrile or Zymotic Diseases		1,480	1,345	353	83	115	296	194	93	55	52	21	3	.....	4,093
A.—MIASMATIC DISEASES		434	1,027	330	76	95	173	118	40	25	23	9	1	.....	2,346
1 Small-pox .....		.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
2 Varioloid .....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3 Chicken-pox		1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4 Measles		83	186	16	2	3	3	3	.....	.....	.....	.....	.....	.....	293
5 Scarlet fever		20	229	88	8	2	5	3	.....	.....	.....	.....	.....	.....	353
6 Typhus fever .....		.....	1	.....	2	2	.....	3	1	.....	.....	.....	.....	.....	15
7 Influenza		2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
8 Mumps		1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
9 Diphtheria		52	351	149	22	6	4	3	.....	.....	.....	.....	.....	.....	587
10 Cerebro-spinal fever		204	180	43	12	14	23	18	10	7	7	2	.....	.....	520
11 Whooping-cough		66	43	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	112
12 Continued fever		2	7	5	1	6	9	13	5	4	1	.....	.....	.....	54
13 Enteric fever		3	25	26	29	62	126	77	24	14	15	5	1	.....	407
14 Yellow fever .....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15 Other miasmatic diseases .....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
B.—DIARRHETIC DISEASES		987	282	12	.....	1	9	16	23	13	15	11	2	.....	1,371
16 Cholera infantum		805	191	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	999
17 "Cholera morbus,"		7	5	3	.....	.....	1	7	8	4	5	1	.....	.....	41
18 "Winter cholera," .....		.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
19 Diarrhea		154	56	1	.....	1	4	2	7	5	6	8	2	.....	251
20 Dysentery		21	29	5	.....	.....	.....	.....	7	7	4	.....	.....	.....	78

C.—MALARIAL DISEASES.....												75	
21	Intermittent fever.....	14	21	4	1	17	3	6	5	4	10		
22	Remittent fever.....	11	3	2	1	5	3	1	5	3	49		
23	Congestive fever.....	2	1	2	1	8	1	1	1	1	15		
24	Other malarial diseases.....							1			1		
D.—ZOÖGENOUS DISEASES.....												5	
25	Hydrophobia.....		1	1	2	1					5		
26	Other zoögenous diseases.....		1	1	2	1							
E.—VENEREAL DISEASES.....												22	
27	Syphilis.....	15	1	1		2	2		1		22		
28	Other venereal diseases.....	15	1	1		2	2		1		22		
F.—SEPTIC DISEASES.....												274	
29	Phagedæna.....	30	18	5	5	17	95	55	24	11	10	4	
30	Erysipelas.....	20	1	2	1	2	10	5	10	3	8	2	
31	Pyæmia.....	5	3	3	3	11	6	6	3	4	1	1	
32	Septicæmia.....	5	14	3	1	3	5	7	4	4	1	2	
33	Puerperal fever.....					9	69	37	7				
II.—PARASITIC DISEASES.....												4	
34	Thrush.....	4										1	
35	Hydatids.....												
36	Worms.....												
37	Trichiniasis.....												
38	Other parasitic diseases.....												
III.—DIETIC DISEASES.....												64	
39	Starvation.....						9	22	23	6	4		
40	Scurvy.....												
41	Alcoholism.....						6	15	17	5	2		
42	Delirium tremens.....						3	7	6	1	2		
IV.—CONSTITUTIONAL DISEASES.....												1,982	
43	Rheumatic fever.....	242	119	35	29	116	402	365	246	218	137	55	15
44	Rheumatic heart.....					1	1	1	2	1	1	7	
45	Rheumatism.....					1	3	1	3	1	2	1	11
46	Gout.....		1	4	1	2	6	7	5	3	4	4	38

Table XXII.—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years.....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
108 Melana.....	48	8			2	1	12	6	8	6	100
109 Disease of stomach.....	236	98	3	4	4	8	4	4	2	3	371
110 Enteritis.....	1	2		1	2	3	3	2	1	1	16
111 Ulceration of intestines.....	20	5				2	3			5	34
112 Ileus.....	2	2				1	1	1		1	4
113 Stricture and strangulation of intestines.....	6				1	4	6	3	2	5	30
114 Intussusception.....	1	2				1	2	2	3	1	11
115 Hernia.....	1					1	1	3	1	2	4
116 Fistula.....	44	12	16	5	12	50	38	22	13	7	228
117 Peritonitis.....		1	1			1	1	2	2	1	7
118 Ascites.....	13	1		1			3	2	2		27
119 Gall-stones.....						3	18	10	17	6	57
120 Jaundice.....						6	3	15	11	4	61
121 Cirrhosis.....	8	1	1	1		14	15	10	7	8	303
122 Other diseases of liver.....				2	1						
123 Other diseases, digestive system.....	167	69	4	2						4	
F.—LYMPHATIC SYSTEM.....					2	2	1		2		5
124 Disease of lymphatics.....											
125 Disease of spleen.....						2	1		2		5
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....					1						3
126 Bronchocele.....						1					
127 Addison's disease.....											3
H.—URINARY SYSTEM.....											
128 Nephritis.....	9	33	23	5	4	49	38	36	49	39	306
129 Bright's disease.....	6	22	14	2	1	12	8	4	6	6	83
130 Uremia.....	1	9	7	3	2	28	18	25	29	20	151
131 Suppression of urine.....	2	2	2		1	6	8	4	3	3	34

Table XXII.—Continued.

CAUSES OF DEATH.	AGES.										
	Under 1 year	1-5 years....	5-10 years....	10-15 years...	15-20 years...	20-30 years...	30-40 years...	40-50 years...	50-60 years...	60-70 years...	Totals
VII.—Violence	20	54	30	39	46	144	119	107	49	49	681
161 Railroad accident .....	.....	6	8	15	11	35	21	24	14	10	148
162 Other accident.....	20	48	22	24	28	72	60	46	22	25	384
163 Homicide .....	.....	.....	.....	.....	2	9	7	3	1	.....	22
164 Suicide .....	.....	.....	.....	.....	5	28	31	34	12	14	127
165 Execution.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIII.—Otherwise Unclassified.....	536	41	13	7	9	38	45	56	45	57	919
166 Dropsy.....	.....	6	4	2	.....	1	6	9	11	12	59
167 Debility.....	.....	1	.....	1	.....	.....	.....	2	2	8	5
168 Atrophy from inanition	384	14	1	2	.....	2	.....	1	1	2	24
169 Mortification .....	.....	.....	1	.....	.....	2	2	4	1	2	410
170 Tetanus .....	.....	4	.....	.....	2	2	2	1	.....	4	13
171 Abscess.....	1	2	1	.....	2	2	4	4	3	2	27
172 Hemorrhage	5	.....	1	1	2	2	2	1	1	1	24
173 Sun-stroke	2	.....	.....	.....	.....	3	5	1	.....	.....	15
174 Sudden—not stated.....	.....	.....	6	.....	.....	.....	.....	.....	.....	.....	10
175 Ill-defined.....	109	13	.....	29	5	13	11	24	16	23	263
176 Unknown.....	33	1	.....	1	.....	7	8	8	7	6	73

TABLE XXIII.—Deaths from Specified Causes (classified) reported in Cook County during the year 1884: SEX, COLOR, NATIVITY, SOCIAL CONDITION AND LOCALITY.

CAUSES OF DEATH.	SEX.			COLOR.		NATIVITY.			SOCIAL CONDITION.			LOCALITY.		Totals
	Male	Female	Not stated	White	Colored	Not stated	Illinois	United States	Foreign	Not stated	Widower	Widow	Not stated	
Total deaths from all causes	8,004	6,653		11,478	189		7,606	2,274	4,787		3,226	796		590 11,657
I.—Specific Febrile or Zymotic Diseases	2,087	2,006		4,073	29		2,726	489	887		448	40		3,485 464 144 4,093
A.—Miasmatic Diseases	1,202	1,141		2,334	12		1,465	322	559		217	18		2,017 262 67 2,346
1 Small-pox	1				1			1			1			1
2 Varioloid														
3 Chicken-pox	136	157		1	2		1	27	43		3			3
4 Measles	187	166		352	1		239	48	66		5			293
5 Scarlet fever	13	2		15			8	1	11		8			353
6 Typhus fever	2			2			2				2			15
7 Intermittent	1													1
8 Mumps	285	312		586	1		412	70	75		5			587
9 Diphtheria	275	215		517	3		373	78	69		35	5		529
10 Cerebro-spinal fever	47	65		112			96	12	4		112			112
11 Whooping-cough	32	22		54			16	8	30		28			54
12 Continued fever	223	181		403	4		69	77	261		136	12		407
13 Enteric fever														
14 Yellow fever														
15 Other miasmatic diseases														
B.—DIARRHETIC DISEASES	735	636		1,366	5		1,149	77	145		47	8		1,371
16 Cholera infantum	511	488		996	3		896	53	50		19	3		999
17 Cholera morbus	25	16		41			13	4	24		17			41
18 "Winter cholera"	1	1					1				1			2
19 Diarrhœa	145	106		250	1		104	12	45		17	5		251
20 Dysentery	53	25		77	1		45	8	25		13	1		78

III.—Dietic Diseases

39 Starvation	49	15	61	3	1	17	46	29	27	3	5	53	4	7	64
40 Scurvy	31	11	42	3	1	14	31	22	16	3	4	37	4	4	45
41 Alcoholism	15	4	19		1	3	15	7	11	1	1	16	3	3	15
42 Delirium tremens															

IV.—Constitutional Diseases

43 Rheumatic fever	1,437	945	1,927	55	514	427	1,041	937	821	72	152	1,060	236	96	1,982
44 Rheumatic heart	3	4	7				7	1	5	1		6	1		7
45 Rheumatism	16	1	11		2	1	8	5	6			10	1		11
46 Rheumatism	13	19	38		5	5	28	13	19	1	5	34	2	2	38
47 Gout															
47 Rickets	4		10		7		9	10				8			10
48 Cancer	110	172	280	2	6	61	213	179	16	59		239	31	9	282
49 Tubercular meningitis	129	49	234	1	171	14	40	187	15	8	15	190	30	5	225
50 Tubercular meningitis	46		89		77	4	12	91	2			83	9	1	91
51 Phthisis	674	562	1,187	49	210	324	702	547	571	45	73	1,025	133	76	1,236
52 Scrofula	19	13	32	2	21	3	16	30	4			31	3		34
53 Purpura	3	4	7		5		5	5	5	2	7	5	2		7
54 Anemia	9	12	29	1	10	6	5	15	6			14	6	1	21
55 Diabetes mellitus	12	5	17		8	9		4	12	1		11	1	2	17
56 Other constitutional diseases	1		1		1	1		1				1			1

V.—Developmental Diseases

57 Premature birth	240	258	492	6	259	56	183	271	58	51	115	389	70	39	493
58 Atelectasis	94	73	164	3	167			167				130	28	9	167
59 Cyanosis	8	8	16		14	1	1	16				15		1	16
60 Spina bifida	8	7	12	1	12		1	13				9	4		13
61 Other congenital defects	28	29	48		47	1		15				10	5		15
62 Umbilical hemorrhage	3	2	5		5			48				41	6	1	48
63 Old age	91	143	242	2		53	181	10	58	51	115	179	27	28	234

VI.—Local Diseases

	3,529	2,897	6,337	89	3,505	924	1,907	4,525	1,132	113	326	5,514	685	227	6,436
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A.—NERVOUS SYSTEM

64 Inflammation of brain	1,070	827	1,875	22	1,282	232	383	1,494	201	36	76	1,622	205	70	1,897
65 Apoplexy	47	37	81	3	62	12	10	76	7		1	68	11	5	84
66 Softening of brain	161	125	287	2	84	64	141	127	117	11	34	233	43	13	289
67 Hydrocephalus, not acute	14	13	27			4	23	1	22	1	3	25	2		27
68 Hemiplegia	26	12	38		33	4	1	38				30	6	2	38
69 Paralysis agitans	9	8	16	1				2		3	5	10	7		17
70 General paralysis of insane	1	1	3		3	3	1	1	2			3			3
71 Paraplegia	8	4	12		1	2	10	3	2	1	1	1	1	9	12
72 Chorea	2	7	7			3	2	6	1			5		2	7
73 Epilepsy	25	11	31		5	11	18	22	8	2	2	23	6	5	31

Table XXIII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.		SOCIAL CONDITION.				LOCALITY.		Totals				
	Male	Female	White	Colored	Not stated	Illinois	United States	Foreign	Not stated	Single	Married	Widower		Widow	Not stated	Places over 5,000 pop....	Places between 5,000 and 500 pop....	Under 500 pop. or in country...
74 Convulsions	613	497	1,102	8		1,022	48	40		1,108	1	1			492	92	26
75 Trismus nascentium	9	3	12			12				12					11		12
76 Tetanus	29	4	32	1		14	6	13		25	8				31	2	33
77 Diseases of spinal cord	15	6	20	1		3	7	11		5	14	2			18	1	21
78 Other diseases, nervous system	113	95	202	6		45	65	98		63	95	15	30		171	29	208
B.—ORGANS OF SPECIAL SENSE.	1	1	2			1	1			2					2		2
79 Epistaxis	1	1	2			1	1			2					2		2
80 Other diseases, nose, ear and eye																	
C.—CIRCULATORY SYSTEM	246	279	480	5		69	131	285		147	233	16	69		424	44	17
81 Endocarditis	8	9	17			4	5	8		13	3				16	1	17
82 Pericarditis	14	9	22	1		6	7	10		15	6	1			22	1	23
83 Hypertrophy of heart	8	9	17			3	3	12		5	8				14	3	17
84 Angina pectoris,	13	4	17			3	8	6		5	9	2			15	2	17
85 Valve-disease of heart	52	55	106	1		12	26	69		34	52	4	17		99	5	107
86 Syncope	1	2	3			1		2		1	1				3		3
87 Aneurism	7	3	10				3	5		4	4	1			9	1	10
88 Stenile gangrene,	5	3	8				3	5		7	7				9	1	8
89 Embolism	4	6	10			4	3	6		6	3				9	1	10
90 Phlebitis	3	4	7			1		3		2	5				6	1	7
91 Varicose veins		3	3					3			3				3		3
92 Other diseases, circulatory system	131	132	260	3		36	73	154		62	152	8	41		221	30	263
D.—RESPIRATORY SYSTEM	1,263	989	2,217	40		1,317	254	686		1,745	337	49	106		1,911	215	71
93 Laryngitis	42	29	71			56	3	12		67	4				56	9	6
94 Croup	201	172	372	1		288	88	47		373					320	45	373
95 Other diseases, larynx and trachea	3	1	4			3	1			4					1	3	4

Table XXIII.—Continued.

CAUSES OF DEATH.	SEX.		COLOR.		NATIVITY.			SOCIAL CONDITION.				LOCALITY.			Totals			
	Male	Female	Not stated...	White	Colored	Not stated...	United States	Foreign	Not stated...	Single	Married	Widower	Widow	Not stated...		Places over 5,000 pop...	Places between 500-5,000 pop	Under 500 pop. or in country...
130 Uremia	17	17		33	1		5	13	16		8	25	1		30	3	1	34
131 Suppression of urine																		
132 Calculus		1		1				1				1			1		1	1
133 Hematuria																		
134 Disease of bladder and prostate.	12			13				3	8			11	1		9	3	1	13
135 Other diseases, urinary system.	17	7		23	1		10	10	14		2	18	2		18	4	2	24
I. REPRODUCTIVE ORGANS	3	10		101	3		10	25	69		10	85			92	9	3	104
a. <i>Organs of Generation</i> ..	3	51		54	3		4	15	38		8	41			51	4	2	57
136 Ovarian disease.		15		15				1	14			10			14		1	15
137 Disease of uterus and vagina.		24		22	2		3	7	14		4	17			21	2	1	24
138 Disorders of menstruation.		2						1				1						
139 Pelvic abscess	1	13		13	1		1	5	8		2	12			12	2		14
140 Perineal abscess																		
141 Diseases of testes, penis, etc.	2			2				1	1			2			2			2
b. <i>Parturition</i>		47		47			6	10	31		2	44			41	5	1	47
142 Abortion																		
143 Miscarriage		5		5				2	3		1	4			4	1		5
144 Puerperal mania		4		4					4						4			4
145 Puerperal convulsions		1		1			1					1						1
146 Puerperal pneumonia		19		19				7	12		1	18			15	3	1	19
147 Flooding		4		4				1	3			4			3	1		4
148 Phegmasia dolens		1		1					1			1			1			1
149 Other complications of childbirth.	13			13			5		8			12			13			13

K.—LOCOMOTOR SYSTEM.

K.—LOCOMOTOR SYSTEM.....	12'	7	18	1	5	3	11	12	4	2	1	16	2	1	19
150 Caries and necrosis	5	3	.....	7	1	.....	1	2	5	.....	5	1	2	.....	5	5	1	8
151 Arthritis	1	3	.....	3	.....	.....	.....	1	1	.....	1	1	.....	1	4	.....	.....	4
152 Ostitis	3	.....	.....	2	.....	.....	2	.....	2	.....	4	.....	.....	.....	3	.....	.....	3
153 Other diseases, locomotor sys- tem	3	1	.....	4	.....	.....	2	.....	2	.....	4	.....	.....	.....	4	.....	.....	4

L.—INTEGUMENTARY SYSTEM.

L.-INTEGUMENTARY SYSTEM																		
	12	10	22	11	1	10	16	4	1	1	22							
154 Carbuncle	2	1																
155 Phlegmon	1					2		1	1									
156 Lupus	1	1		2														
157 Ulcer	3	4		1		6		4		1								
158 Eczema	3	3	6	6				6										
159 Pemphigus	1		1	1				1										
160 Other diseases, integumentary system	1	1	2	1	1			1										

VII.—Violence

161 Railroad accident	554	157	.....	671	10	.....	40	248	383	.....	351	287	27	16	.....	555	86	40	681
162 Other accident	134	14	.....	147	1	.....	1	59	88	.....	72	6	7	1	.....	110	28	10	148
163 Homicide	307	77	.....	377	7	.....	39	163	292	.....	245	129	10	10	.....	319	44	24	384
164 Suicide	14	8	.....	21	1	.....	.....	12	40	.....	9	13	.....	.....	.....	24	1	.....	22
165 Execution	19	28	.....	126	1	.....	.....	34	93	.....	35	77	10	5	.....	105	13	9	127

VIII.—Otherwise Unclassified

VIII.—Otherwise Unclassified	505	414	.....	913	6	.....	557	122	240	.....	682	153	32	52	.....	763	119	37	919
Dropsy	28	31	.....	59	.....	.....	8	9	42	.....	19	28	3	9	.....	51	5	3	59
Debility	10	14	.....	24	.....	.....	2	.....	20	.....	.....	6	21	.....	.....	24	.....	.....	24
Atrophy from inanition	227	183	.....	408	2	.....	381	18	11	.....	406	1	.....	3	.....	388	65	7	413
Mortification	8	5	.....	12	1	.....	1	3	9	.....	7	5	1	.....	.....	13	.....	.....	133
Tumor	13	14	.....	27	.....	.....	6	4	17	.....	9	15	1	.....	.....	23	3	1	27
Abscess	14	10	.....	24	.....	.....	8	4	12	.....	15	7	.....	2	.....	24	.....	.....	24
Hemorrhage	7	8	.....	14	1	.....	4	5	10	.....	6	8	1	.....	.....	10	2	3	15
Sun-stroke	9	1	.....	10	.....	.....	.....	.....	10	.....	1	.....	.....	.....	.....	9	1	.....	10
Sudden—not stated	1	1	.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	1
Ill-defined	136	127	.....	261	2	.....	129	46	97	.....	151	73	15	21	.....	207	36	20	263
Unknown	53	20	.....	73	.....	.....	26	31	16	.....	59	5	8	1	.....	64	7	2	73

C.—MALARIAL DISEASES												
21	Intermittent fever.....	4	7	10	5	7	3	4	5	6	9	11
22	Remittent fever.....	3	5	3	3	6	3	1	2	3	4	4
23	Congestive fever.....	1	1	3	2	1	1	3	1	3	7	3
24	Other malarial diseases.....								1			1
D.—ZOÖGENOUS DISEASES												
25	Hydrophobia.....		2	1				1		1		5
26	Other zoogenous diseases.....		2	1				1		1		5
E.—VENEREAL DISEASES												
27	Syphilis.....		3	4	1	1	2	2	1	2	1	5
28	Other venereal diseases.....		3	4	1	1	2	2	1	2	1	5
F.—SEPTIC DISEASES												
29	Phagedæna.....	28	31	34	23	18	17	24	19	16	19	25
30	Erysipelas.....		9	11	4	6	4	5	2	3	4	4
31	Pyæmia.....		3	2	1	3	1	6	4	7	4	4
32	Septicæmia.....		5	4	4	4	3	6	6	2	3	6
33	Puerperal fever.....		10	17	14	5	9	10	7	7	5	11
II.—PARASITIC DISEASES												
34	Thrush.....		1				1	1		1		4
35	Rhinitis.....		1				1	1		1		4
36	Worms.....											
37	Trematodes.....											
38	Other parasitic diseases.....											
III.—DIETIC DISEASES												
39	Starvation.....		2	4	6	1	8	6	4	8	5	7
40	Scurvy.....											
41	Alcoholism.....		1	4	5	1	3	4	3	5	5	6
42	Delirium tremens.....		1	1	1	5	2	2	1	8	3	
IV.—CONSTITUTIONAL DISEASES												
43	Rheumatic fever.....	157	141	172	174	173	162	178	174	154	151	172
44	Rheumatic heart.....		1	1		1		1	1	1		1
45	Rheumatism.....		3	6	4	1	7	4	3	2	2	3
46	Gout.....											

1,982

Table XXIV.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January....	February....	March.....	April.....	May.....	June.....	July.....	August.....	September..	October.....	November...	December...	
47 Rickets.....	18	28	1	20	2	24	1	1	3	1	1	1	
48 Cancer.....	13	16	16	17	19	24	31	30	23	17	31	19	
49 Tabes mesenterica	16	17	17	17	19	18	32	33	23	22	10	16	
50 Tubercular meningitis.....	10	7	7	10	10	13	13	9	5	7	7	7	
51 Enteritis.....	109	85	111	116	106	106	94	85	88	97	117	116	
52 Scrofula.....	5	5	5	5	2	1	2	3	5	2	1	2	
53 Purpura.....	1	1	1	5	1	1	1	1	1	7	2	2	
54 Anemia.....	1	1	2	2	1	1	3	4	2	1	1	2	
55 Diabetes mellitus.....	2	1	1	2	1	1	1	5	1	1	1	4	
56 Other constitutional diseases.....	1	1	1	1	1	1	1	1	1	1	1	1	
V.—Developmental Diseases	52	38	44	41	32	37	40	33	46	43	41	51	
57 Premature birth.....	14	15	14	15	7	11	16	9	19	12	19	16	
58 Atelectasis.....	1	1	2	3	1	1	4	1	1	1	2	1	
59 Cyanosis.....	3	3	2	1	1	1	1	2	4	1	1	1	
60 Spina bifida.....	1	1	2	4	1	1	1	1	1	1	1	2	
61 Other congenital defects.....	1	3	4	4	6	2	5	1	1	8	3	4	
62 Umbilical hemorrhage.....	1	1	1	1	1	1	1	1	1	1	1	1	
63 Old age.....	25	18	20	15	19	21	13	21	20	20	14	28	
VI.—Local Diseases	516	482	555	522	570	520	638	496	472	480	510	656	
A.—NERVOUS SYSTEM.	128	145	171	170	156	175	191	140	149	160	146	166	
64 Inflammation of brain.....	21	8	7	9	4	9	19	6	3	1	4	12	
65 Apoplexy.....	26	19	19	28	30	25	28	24	16	19	24	31	
66 Softening of brain.....	4	3	4	3	1	2	3	6	3	3	3	2	
67 Hydrocephalus, not acute.....	4	4	3	4	4	3	5	6	6	2	1	3	
68 Hemiplegia.....	2	5	4	2	1	1	1	1	1	1	1	1	
69 Paralysis agitans.....	2	5	4	2	1	1	1	1	1	1	1	1	
70 General paralysis of insane.....	70	General	1	1	1	1	1	2	1	1	1	1	
71 Paraplegia.....	1	1	1	1	1	1	1	1	3	3	1	1	

Table XXIV.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals.....
	January.....	February....	March	April.....	May.....	June.....	July.....	August	September ..	October	November...	December...	
108 Melana.....	3	1	7	16	7	16	12	8	8	8	5	9	100
109 Disease of stomach.....	10	6	10	41	27	19	81	75	51	25	15	11	371
110 Enteritis.....	1	2	1	2	1	3	2	3	3	2	1	1	16
111 Ulceration of intestines.....	1	1	1	1	3	3	3	3	4	6	1	4	34
112 Ileus.....	1	1	1	1	1	1	3	2	5	1	1	5	4
113 Stricture and strangulation of intestines.....	1	1	3	2	4	3	3	2	1	1	2	2	30
114 Intussusception.....	1	1	1	2	1	1	1	2	1	2	2	11	11
115 Hernia.....	1	1	1	2	1	1	1	1	1	1	1	1	11
116 Fistula.....	1	1	1	1	1	1	1	1	1	1	1	1	11
117 Peritonitis.....	14	11	20	26	26	30	21	19	15	16	15	15	228
118 Ascites.....	1	1	1	1	2	1	1	1	1	1	1	1	11
119 Gallstones.....	1	1	1	1	1	1	1	1	1	1	1	1	11
120 Jaundice.....	3	3	6	6	3	2	5	3	9	3	2	5	57
121 Cirrhosis.....	9	2	8	1	1	2	5	3	9	2	5	4	57
122 Other diseases of liver.....	4	6	6	3	5	16	15	5	11	5	2	3	61
123 Other diseases, digestive system.....	21	8	9	16	22	22	80	52	29	17	13	9	303
F.—LYMPHATIC SYSTEM.....				1	1	1	1	1	1				5
124 Disease of lymphatics.....													
125 Disease of spleen.....				1	1	1		1	1				5
G.—GLAND-LIKE ORGANS OF UNCERTAIN USE.....													
126 Bronchocele.....	1										2		3
127 Addison's disease.....											2		3
H.—URINARY SYSTEM.....													
128 Nephritis.....	29	24	33	22	24	27	34	20	20	21	30	22	306
129 Bright's disease.....	10	2	8	2	9	5	6	5	8	7	12	9	83
130 Uremia.....	14	11	16	16	10	15	21	10	17	9	13	9	131
131 Suppression of urine.....	3	4	3	1	4	3	4	3	3	3	5	1	34

Table XXIV.—Continued.

CAUSES OF DEATH.	MONTHS.												Totals
	January.....	February....	March	April.....	May.....	June.....	July.....	August	September..	October	November...	December...	
VII.—Violence	41	48	55	34	68	63	74	56	67	63	56	56	681
161 Railroad accident.....	10	11	13	16	20	7	10	9	15	11	12	14	148
162 Other accident.....	22	26	23	11	36	37	45	28	40	46	33	37	384
163 Homicide.....	2	1	2	1	1	2	6	1	2	1	3	1	22
164 Suicide.....	7	10	17	6	11	17	13	18	10	5	9	4	127
165 Execution.....													
VIII.—Otherwise Unclassified	56	49	69	81	62	68	108	97	92	83	87	67	919
166 Dropsy.....	4	3	3	7	5	3	6	3	3	8	10	4	79
167 Debility.....	4	3	5		1	2		4	8		2		24
168 Atrophy from inanition.....	32	14	32	38	19	28	58	45	47	35	29	33	410
169 Morbification.....					8								
170 Tumor.....	1	3	1	3	2		1	3	4	2	4	2	43
171 Abscess.....		2	3	1	1	3	4	3	1	2	2	3	27
172 Hemorrhage.....		2	3	1	1	1	1	1	4		2		15
173 Sunstroke.....						3		3					10
174 Strokes—not stated.....													1
175 Un-defined.....	12	19	14	23	22	22	29	29	22	19	31	21	263
176 Unknown.....	3	3	7	8	8	6	8	3	6	12	7	2	73

VITAL STATISTICS OF ILLINOIS—BIRTHS.

TABLE XXV.—*Births reported during the year 1881: By MONTHS, SEX SPECIFIED.*

The State and Counties.	The Year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Illinois.....	M..... 27,588	2461	2391	2517	2142	2115	2071	2262	2476	2470	2337	2237	2103
	F..... 26,446	2421	2320	2439	2060	2022	1970	2170	2337	2344	2195	2076	2092
	Total	54,034	4885	4714	4956	4137	4041	4432	4813	4814	4532	4313	4195
Adams.....	M..... 446	22	50	50	41	32	34	40	33	32	47	33	42
	F..... 426	18	50	39	42	31	28	26	40	36	43	39	44
	Total	872	40	100	89	83	63	66	73	68	90	52	86
Bond.....	M..... 212	22	19	19	13	10	12	20	26	23	16	13	19
	F..... 197	17	22	13	17	12	11	25	14	18	19	11	18
	Total	409	39	41	32	30	22	23	40	41	35	24	37
Boone.....	M..... 56	2	2	2	5	6	6	6	6	7	6	4	4
	F..... 80	4	7	6	5	4	5	7	10	8	8	7	9
	Total	136	6	9	8	10	10	13	16	15	14	11	13
Brown.....	M..... 114	9	9	7	14	16	12	5	5	12	8	6	11
	F..... 110	11	3	5	10	20	13	7	7	12	4	6	12
	Total	224	20	12	12	24	25	12	12	24	12	12	23
Bureau.....	M..... 227	21	13	15	22	18	14	16	21	20	30	22	15
	F..... 218	24	11	13	18	23	21	23	16	17	23	15	14
	Total	445	45	24	28	41	35	39	37	37	53	37	29
Calhoun.....	M..... 52	5	5	6	9	4	3	3	3	3	1	5	5
	F..... 52	5	7	4	6	5	1	3	3	6	3	4	5
	Total	104	10	12	10	15	9	6	6	9	4	9	10
Carroll.....	M..... 102	8	10	9	7	12	5	13	6	8	12	8	4
	F..... 129	10	8	2	13	12	14	15	10	6	12	13	14
	Total	231	18	18	11	20	24	28	16	14	24	21	18
Cass.....	M..... 143	12	13	10	13	14	12	8	16	10	14	9	12
	F..... 183	15	18	15	14	19	12	9	21	15	13	12	20
	Total	326	27	31	25	27	33	24	37	25	27	21	32
Champaign.....	M..... 283	36	24	31	22	28	15	13	22	22	21	28	21
	F..... 261	21	25	21	21	18	21	26	16	23	27	14	28
	Total	544	57	49	52	43	46	36	39	38	45	42	49

Table XXV.—Continued.

The State and Counties.	The Year	January	February	March	April	May	June	July	August	September	October	November	December
Christian.....M.....	289	31	29	29	23	24	23	21	23	25	19	20	22
.....F.....	273	19	26	21	21	23	23	18	27	27	29	14	25
Total	562	50	55	50	44	47	46	39	50	52	48	34	47
Clark.....M.....	230	20	18	16	26	15	19	19	17	21	21	18	20
.....F.....	192	17	28	23	19	15	7	14	13	14	19	13	10
Total	422	37	46	39	45	30	26	33	30	35	40	31	30
Clay.....M.....	240	31	17	11	27	10	29	21	21	13	21	19	20
.....F.....	202	22	9	14	25	16	23	18	18	13	18	20	6
Total	442	53	26	25	52	26	52	39	39	26	39	39	26
Coles.....M.....	314	32	24	37	16	32	32	34	23	16	23	21	24
.....F.....	310	35	15	42	21	22	19	19	16	23	29	29	40
Total	624	67	39	79	37	54	51	53	39	39	52	50	64
Cook.....M.....	7,600	600	582	585	546	569	536	659	759	702	719	719	624
.....F.....	7,280	626	561	564	520	585	553	674	670	689	656	615	584
Total	14,880	1,226	1,146	1,149	1,066	1,154	1,069	1,333	1,429	1,391	1,375	1,334	1,208
Crawford.....M.....	245	18	24	26	17	19	15	19	27	20	14	30	16
.....F.....	263	20	17	33	17	21	12	14	36	25	21	29	18
Total	508	38	41	59	34	40	27	33	63	45	35	59	34
Cumberland.....M.....	162	10	18	23	11	14	16	11	16	7	9	15	12
.....F.....	152	15	15	12	6	15	18	7	14	15	15	12	8
Total	314	25	33	35	17	29	34	18	30	22	24	27	20
DeKalb.....M.....	118	9	9	8	15	10	10	7	6	21	5	10	8
.....F.....	114	16	10	13	13	13	11	3	10	7	4	8	6
Total	232	25	19	21	28	23	21	10	16	28	9	18	14
DeWitt.....M.....	133	11	12	10	12	15	9	14	11	13	11	12	3
.....F.....	125	7	13	16	10	10	11	8	13	6	12	8	11
Total	258	18	25	26	22	25	20	22	24	19	23	20	14
Douglas.....M.....	161	11	9	13	10	17	13	11	20	21	13	9	14
.....F.....	159	16	21	9	19	8	7	17	14	21	13	9	5
Total	320	27	30	22	29	25	20	28	34	42	26	18	19
DuPage.....M.....	130	10	11	9	12	13	8	14	7	10	10	13	13
.....F.....	125	18	9	15	10	9	12	3	3	9	13	9	15
Total	255	28	20	24	22	22	20	17	10	19	23	22	28
Edgar.....M.....	306	22	42	28	19	29	26	17	12	41	24	17	23
.....F.....	276	20	35	24	19	21	17	24	19	52	23	14	23
Total	576	42	77	52	38	50	43	40	31	73	53	31	46
Edwards.....M.....	124	12	13	11	9	10	10	7	7	13	12	8	12
.....F.....	126	10	17	14	13	11	9	5	13	10	9	9	6
Total	250	22	30	25	22	21	19	12	20	23	21	17	18

Table XXV.—Continued.

The State and Counties.	The Year.	January....	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November.	December.
Effingham.....	M.....	132	6	16	17	5	20	11	6	13	10	12	9
	F.....	129	7	10	18	4	14	16	7	13	3	14	4
	Total	261	13	26	35	9	34	27	13	26	13	26	13
Fayette.....	M.....	231	39	23	31	15	12	10	22	23	14	22	10
	F.....	218	44	19	19	11	8	20	32	13	15	20	9
	Total	449	83	42	50	26	20	30	54	36	29	42	19
Ford.....	M.....	143	8	23	31	16	12	10	10	12	10	5	4
	F.....	148	11	19	32	11	14	16	4	11	14	4	8
	Total	291	19	39	66	27	26	26	14	23	24	13	8
Franklin.....	M.....	131	9	13	10	15	6	16	8	22	9	17	1
	F.....	143	12	11	22	19	10	9	10	17	10	9	8
	Total	274	21	24	32	34	16	25	18	39	19	26	9
Fulton.....	M.....	266	22	20	31	25	21	12	22	24	23	12	15
	F.....	281	29	23	30	23	22	19	26	23	21	14	14
	Total	547	51	52	61	48	43	31	48	47	44	26	29
Gallatin.....	M.....	115	9	10	20	15	11	7	16	13	13	4	11
	F.....	155	8	15	22	17	15	6	6	15	16	15	10
	Total	270	17	25	42	32	26	13	22	28	29	19	21
Greene.....	M.....	164	10	29	15	8	22	17	5	17	9	21	6
	F.....	142	8	22	13	18	6	12	2	8	16	17	6
	Total	306	18	51	28	26	28	29	7	25	25	38	12
Grundy.....	M.....	92	8	7	6	9	5	12	7	6	7	11	8
	F.....	99	14	9	13	1	10	2	11	14	3	7	8
	Total	191	22	16	19	10	15	14	18	20	5	18	16
Hamilton.....	M.....	241	25	31	23	27	16	14	11	20	15	13	19
	F.....	212	26	23	27	19	21	15	18	20	10	12	13
	Total	453	51	54	55	46	37	29	29	40	25	25	32
Hancock.....	M.....	261	20	25	32	15	23	18	20	27	21	17	19
	F.....	282	25	15	27	21	26	25	13	30	26	20	24
	Total	546	45	40	59	36	49	43	33	57	47	37	43
Hardin.....	M.....	102	9	10	8	10	7	11	12	9	8	7	6
	F.....	120	10	11	9	12	8	10	13	7	9	11	12
	Total	222	19	21	17	22	15	21	25	16	17	18	18
Henderson.....	M.....	85	8	2	6	10	11	11	7	5	5	12	3
	F.....	63	6	8	10	3	6	2	6	8	3	4	3
	Total	148	14	10	16	13	17	13	13	13	8	16	6
Henry.....	M.....	343	31	27	44	30	12	32	15	21	36	38	32
	F.....	317	46	14	40	31	14	43	12	20	22	36	24
	Total	660	80	41	84	61	26	75	27	41	58	74	56

Table XXV.—Continued.

The State and Counties.	The Year.	January....	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November.	December.
Iroquois	M.....	315	31	21	36	23	23	29	30	36	21	13	24
	F.....	295	34	33	23	25	28	14	28	27	20	19	17
	Total	610	65	54	59	49	51	43	58	63	41	32	41
Jackson	M.....	149	12	10	26	12	10	11	12	11	15	7	12
	F.....	149	9	14	16	9	8	8	7	17	14	17	13
	Total	298	21	24	42	21	18	19	18	29	29	24	25
Jasper	M.....	273	8	25	32	37	31	24	29	29	13	19	9
	F.....	255	33	29	21	30	35	15	23	23	9	13	4
	Total	528	41	54	53	67	66	39	52	52	26	39	13
Jefferson	M.....	199	16	18	15	19	17	14	13	19	16	12	22
	F.....	214	18	20	16	17	16	19	21	13	24	16	16
	Total	413	34	38	31	36	33	33	34	32	40	30	38
JoDavieess	M.....	75	6	5	8	7	5	4	8	9	6	5	5
	F.....	102	11	14	5	3	4	8	2	17	9	11	9
	Total	177	17	19	13	10	9	12	10	26	15	16	14
Johnson	M.....	162	20	17	20	16	11	7	22	11	12	6	9
	F.....	127	15	9	12	17	8	7	7	8	13	3	12
	Total	289	35	26	32	33	19	14	29	19	24	9	21
Kane	M.....	267	23	25	17	25	30	17	27	18	12	30	25
	F.....	277	24	30	27	23	23	22	36	23	23	15	12
	Total	544	47	55	44	48	53	39	63	41	35	45	37
Kankakee	M.....	179	26	15	14	13	6	11	19	23	13	9	15
	F.....	146	15	13	12	11	6	11	14	15	16	10	12
	Total	325	41	28	26	24	15	22	33	38	29	19	27
Kendall	M.....	103	13	10	5	9	12	6	10	11	7	7	6
	F.....	113	14	14	7	8	13	7	6	13	9	7	9
	Total	216	27	24	12	17	25	13	16	24	16	14	15
Knox	M.....	280	26	26	21	29	18	21	22	20	24	27	25
	F.....	269	33	25	24	17	19	20	20	23	26	20	17
	Total	549	59	51	45	46	37	41	42	43	50	47	42
Lake	M.....	94	10	8	15	9	11	5	4	7	8	9	6
	F.....	89	7	7	10	1	13	6	4	7	8	4	5
	Total	183	17	15	25	10	24	11	8	14	16	13	11
LaSalle	M.....	564	62	47	39	38	37	62	36	25	63	47	67
	F.....	500	50	46	39	26	40	40	24	27	47	27	61
	Total	1,064	112	93	78	64	77	102	60	52	110	74	128
Lawrence	M.....	179	18	16	19	11	15	14	8	11	17	11	27
	F.....	194	16	14	29	4	19	18	18	15	22	11	16
	Total	373	34	30	48	15	34	32	26	26	39	22	43

Table XXV.—Continued.

The State and Counties.	The Year..	January....	February..	March....	April	May.....	June.....	July	August.....	September	October....	November.	December.
Lee.....M.....	168	2	6	35	21	10	16	6	19	18	11	16	10
.....F.....	150	2	3	26	19	4	15	5	25	14	8	10	19
Total	318	2	9	61	40	14	31	11	44	32	19	26	29
Livingston.....M.....	270	23	36	27	25	21	16	18	21	14	29	21	19
.....F.....	242	24	13	25	19	17	15	26	18	24	19	21	21
Total	512	47	49	52	44	38	31	44	39	38	48	42	40
Logan.....M.....	270	37	26	17	24	24	17	21	21	22	20	19	22
.....F.....	196	11	22	17	15	20	18	16	15	13	15	17	17
Total	466	48	48	34	39	44	35	37	36	35	35	36	39
Macon.....M.....	254	19	27	21	18	16	17	18	25	38	16	28	11
.....F.....	228	19	27	23	10	15	13	20	20	30	21	21	9
Total	482	38	54	44	28	31	30	38	45	68	37	49	20
Madison.....M.....	264	20	24	22	20	26	20	18	24	26	22	20	22
.....F.....	289	24	26	22	20	29	30	22	20	25	23	18	30
Total	553	44	50	44	40	55	50	40	44	51	45	38	52
Macoupin.....M.....	469	39	40	38	30	45	38	42	36	37	29	48	47
.....F.....	489	40	42	36	44	29	38	45	48	42	38	37	50
Total	958	79	82	74	74	74	76	87	84	79	67	85	97
Marion.....M.....	231	24	24	13	18	17	20	15	19	28	14	24	15
.....F.....	216	14	14	26	10	24	14	18	20	28	15	18	15
Total	447	38	38	39	28	41	34	33	39	56	29	42	30
Marshall.....M.....	123	11	7	16	5	9	9	14	10	22	7	10	3
.....F.....	118	14	13	13	7	1	6	7	13	16	12	13	3
Total	241	25	20	29	12	10	15	21	23	38	19	23	6
Mason.....M.....	63	10	6	3	3	7	3	4	4	4	2	8	9
.....F.....	38	9	3	3	3	4	2	2	3	2	3	5	2
Total	101	19	9	6	3	11	5	6	7	6	5	13	11
Massac.....M.....	90	7	9	9	12	7	4	14	5	4	7	6	6
.....F.....	74	5	8	8	4	4	4	6	3	10	10	7	5
Total	164	12	17	17	16	11	8	20	8	14	17	13	11
McHenry.....M.....	110	10	10	9	4	13	13	7	7	11	7	5	14
.....F.....	95	5	9	8	2	14	8	13	5	10	4	7	10
Total	205	15	19	17	6	27	21	20	12	21	11	12	24
McLean.....M.....	430	47	42	42	26	32	21	25	50	48	44	26	27
.....F.....	382	37	37	39	44	27	30	30	28	32	25	24	29
Total	812	84	79	81	70	59	51	55	78	80	69	50	56
Menard.....M.....	94	6	8	8	6	5	9	9	9	15	6	3	10
.....F.....	131	5	8	8	11	13	15	11	16	11	18	10	8
Total	225	11	16	16	17	18	24	20	25	26	24	13	18

Table XXV.—Continued.

The State and Counties.	The Year	January...	February...	March.....	April.....	May.....	June.	July.....	August.....	September	October....	November.	December.
Mercer.....M.....	171	18	17	30	13	13	2	11	8	19	8	22	10
.....F.....	156	11	22	18	17	10	6	13	9	17	12	10	11
Total	327	29	39	48	30	23	8	24	17	36	20	32	21
Monroe.....M.....	174	19	20	19	9	11	15	10	20	13	11	15	12
.....F.....	186	20	22	20	10	9	14	9	13	16	24	22	7
Total	360	39	42	39	19	20	29	19	33	29	35	37	19
Montgomery..M.....	363	32	28	32	28	23	24	37	37	33	23	33	33
.....F.....	392	28	28	45	24	35	42	30	40	33	20	27	40
Total	755	60	56	77	52	58	66	67	77	66	43	60	73
Moultrie.....M.....	165	18	15	9	11	15	7	23	22	13	8	12	12
.....F.....	153	14	21	14	7	9	10	11	17	12	9	13	16
Total	318	32	36	23	18	24	17	34	39	25	17	25	28
Ogle.....M.....	111	17	11	9	10	8	5	6	10	8	7	11	9
.....F.....	114	19	7	11	8	10	9	5	18	4	5	12	6
Total	225	36	18	20	18	18	14	11	28	12	12	23	15
Peoria.....M.....	604	49	38	54	65	36	64	47	51	62	52	43	43
.....F.....	525	42	44	42	60	22	51	40	42	42	48	52	40
Total	1,129	91	82	96	125	58	115	87	93	104	100	95	83
Perry.....M.....	126	14	14	13	13	6	3	5	11	16	11	7	13
.....F.....	126	12	15	7	12	13	10	14	8	12	6	12	5
Total	252	26	29	20	25	19	13	19	19	28	17	19	18
Piatt.....M.....	100	7	8	8	6	7	6	16	7	17	6	9	3
.....F.....	101	11	4	23	6	6	7	9	6	8	7	4	10
Total	201	18	12	31	12	13	13	25	13	25	13	13	13
Pike.....M.....	227	14	21	24	20	17	21	22	25	17	22	12	12
.....F.....	217	14	13	17	25	22	19	24	25	14	15	11	19
Total	444	28	34	41	45	39	40	46	50	30	37	23	31
Pope.....M.....	146	17	13	11	14	5	10	12	16	17	10	13	8
.....F.....	125	9	13	16	13	8	3	15	12	9	4	14	9
Total	271	26	26	27	27	14	13	27	28	26	14	27	17
Putnam.....M.....	35	4	4	3	3	6	2	3	.....	1	5	2	2
.....F.....	50	3	3	5	4	5	2	4	6	2	8	4	4
Total	85	7	7	8	7	11	4	7	6	3	13	6	6
Randolph.....M.....	273	38	23	26	18	22	16	23	21	24	18	22	22
.....F.....	285	22	41	27	20	17	16	19	26	34	19	20	24
Total	558	60	64	53	38	39	32	42	47	58	37	42	46
Richland.....M.....	199	18	15	32	19	24	14	15	10	11	12	16	13
.....F.....	211	19	16	36	26	18	13	12	16	15	16	11	13
Total	410	37	31	68	45	42	27	27	26	26	28	27	26

Table XXV.—Continued.

The State and Counties.	The Year ..	January...	February..	March.....	April.....	May.....	June.....	July.....	August..	September	October...	November.	December.
Rock Island M.....	370	35	23	39	32	32	31	37	33	34	23	34	17
Rock Island F.....	353	30	26	36	29	35	28	37	32	30	26	35	9
Total	723	65	49	75	61	67	59	74	65	64	49	69	26
Saline M.....	74	7	14	7	3	4	3	8	4	8	5	7	4
Saline F.....	95	17	6	11	6	.....	9	8	13	6	4	4	11
Total	169	24	20	18	9	4	12	16	17	14	9	11	15
Sangamon M.....	373	26	49	35	13	24	26	41	46	37	28	30	27
Sangamon F.....	389	29	27	37	34	23	26	35	32	32	42	31	38
Total	762	55	67	72	47	47	52	76	78	69	70	64	65
Schuyler M.....	131	14	18	9	16	12	9	11	16	2	15	2	7
Schuyler F.....	121	14	12	6	6	15	7	14	14	6	14	6	7
Total	252	28	30	15	22	27	16	25	30	8	29	8	14
Scott M.....	99	19	6	16	4	11	1	15	4	5	7	9	2
Scott F.....	84	15	5	12	2	2	4	12	5	6	6	11	4
Total	183	34	11	28	6	13	5	27	9	11	13	20	6
Shelby M.....	321	24	39	21	29	20	37	17	42	25	29	20	27
Shelby F.....	298	21	49	23	25	17	27	22	38	28	19	8	21
Total	619	45	88	44	54	37	64	39	80	53	39	28	48
Stark M.....	74	12	9	12	3	2	8	7	2	10	4	2	3
Stark F.....	51	9	4	2	3	3	7	1	.....	13	2	1	6
Total	125	21	13	14	6	5	15	8	2	23	6	3	9
St. Clair M.....	670	81	57	58	46	43	46	50	54	61	62	65	47
St. Clair F.....	595	72	33	50	43	31	38	45	60	53	51	56	63
Total	1,265	153	90	108	89	74	84	95	114	114	113	121	110
Stephenson M.....	315	28	24	23	27	21	25	28	26	29	31	28	25
Stephenson F.....	282	26	20	21	19	25	15	19	33	28	27	19	30
Total	597	54	44	44	46	46	40	47	59	57	58	47	55
Tazewell M.....	243	29	19	46	12	19	24	14	10	17	19	19	15
Tazewell F.....	203	11	11	35	19	8	15	18	10	22	21	21	12
Total	446	40	30	81	31	27	39	32	20	39	40	40	27
Union M.....	176	23	14	9	16	5	9	13	28	9	20	19	17
Union F.....	189	17	14	15	4	15	17	15	17	21	29	1	12
Total	365	40	28	24	20	20	26	28	45	30	49	20	29
Vermillion M.....	334	24	27	27	35	31	25	33	23	34	26	2	23
Vermillion F.....	273	18	33	25	21	23	20	22	29	29	28	1	20
Total	607	42	60	52	56	54	45	55	49	53	54	3	43
Wabash M.....	128	8	11	8	7	6	14	11	10	17	17	1	10
Wabash F.....	139	13	9	13	14	4	15	19	15	16	11	9	7
Total	267	21	20	21	21	10	29	30	25	27	26	10	17

Table XXV.—Continued.

The State and Counties.	The Year	January....	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December.
Warren M.....	233	24	21	15	7	8	18	20	32	23	28	23	14
Warren F.....	185	17	16	18	17	13	21	8	14	14	17	14	16
Total	418	41	37	33	24	21	39	28	46	37	45	37	30
Washington M.....	251	25	15	22	22	20	26	21	17	19	22	22	20
Washington F.....	229	23	22	21	21	17	9	20	14	21	12	22	26
Total	480	48	37	44	43	37	35	41	31	40	34	44	46
Wayne M.....	239	24	21	27	19	9	21	22	23	25	18	12	19
Wayne F.....	251	19	24	33	24	16	13	24	21	28	15	25	9
Total	490	43	45	60	42	25	34	46	44	53	33	37	28
White M.....	306	25	25	26	20	35	16	24	20	33	27	25	30
White F.....	300	46	25	35	17	23	16	26	18	32	22	18	22
Total	606	71	50	61	37	58	32	50	38	65	49	43	52
Whiteside M.....	263	17	29	35	19	14	23	14	30	24	19	17	22
Whiteside F.....	250	25	31	21	15	19	24	16	27	16	24	19	17
Total	513	42	60	56	34	33	47	30	57	40	39	36	39
Williamson M.....	170	25	18	21	12	8	7	13	13	17	17	11	8
Williamson F.....	196	30	22	29	17	16	10	14	17	15	8	10	17
Total	366	55	40	41	29	24	17	27	30	32	25	21	25
Winnebago M.....	258	25	21	15	19	19	25	28	21	26	29	19	11
Winnebago F.....	232	26	18	17	27	10	17	17	15	21	10	24	24
Total	490	51	39	32	46	29	42	45	36	47	45	43	35
Woodford M.....	171	19	13	12	12	17	10	16	14	17	16	13	12
Woodford E.....	156	17	15	11	11	6	11	21	17	1	19	14	8
Total	327	36	28	23	23	23	21	37	31	2	35	27	20

TABLE XXVI.—Births reported during the year 1881: LOCALITIES.
 "Cities," over 5,000 population; "Towns," over 500, under 5,000;
 "Country," places less than 500.

The State and Counties		The year...	January...	February...	March.....	April.....	May.....	June.....	July.....	August.....	September.	October...	November.	December.
Illinois.....	Cities...	18,892	1518	1495	1551	1413	1438	1419	1658	1764	1783	1691	1654	1508
	Towns...	11,054	1091	957	1031	892	801	891	872	916	944	872	912	869
	Country	24,088	2276	2262	2374	1897	1895	1728	1902	2133	2087	1969	1747	1818
	Total.	54,034	4885	4714	4956	4202	4137	4041	4432	4813	4814	4532	4313	4105
Adams.....	Cities...	505	5	54	50	47	38	36	42	45	40	40	38	50
	Towns...	108	8	6	11	16	9	7	6	9	6	12	6	12
	Country	259	27	40	28	20	16	19	18	19	22	18	8	24
	Total.	872	40	100	89	83	63	62	66	73	68	90	52	86
Bond.....	Cities...	60	5	5	5	3	4	7	3	7	6	10	2	3
	Towns...	349	34	36	27	27	18	16	42	33	35	25	22	34
	Country	349	34	36	27	27	18	16	42	33	35	25	22	34
	Total.	409	39	41	32	30	22	23	45	40	41	35	24	37
Boone.....	Cities...	51	4	3	1	5	2	6	6	4	8	4	4	4
	Towns...	85	2	6	7	5	8	5	7	12	7	10	7	9
	Country	85	2	6	7	5	8	5	7	12	7	10	7	9
	Total.	136	6	9	8	10	10	11	13	16	15	14	11	13
Brown.....	Cities...	224	2	12	12	24	36	25	12	12	21	12	12	23
	Towns...	224	2	12	12	24	36	25	12	12	21	12	12	23
	Country	224	2	12	12	24	36	25	12	12	21	12	12	23
	Total.	224	20	12	12	24	36	25	12	12	24	12	12	23
Bureau.....	Cities...	201	16	12	11	18	17	16	19	21	18	28	19	9
	Towns...	241	29	12	17	22	24	19	20	16	19	25	18	20
	Country	241	29	12	17	22	24	19	20	16	19	25	18	20
	Total.	445	45	24	28	40	41	35	39	37	37	53	37	29
Calhoun.....	Cities...	101	10	12	10	15	9	4	6	6	9	4	9	10
	Towns...	101	10	12	10	15	9	4	6	6	9	4	9	10
	Country	101	10	12	10	15	9	4	6	6	9	4	9	10
	Total.	101	10	12	10	15	9	4	6	6	9	4	9	10
Carroll.....	Cities...	151	12	13	7	14	15	12	19	11	9	16	14	9
	Towns...	80	6	5	4	6	9	7	9	5	5	8	7	9
	Country	80	6	5	4	6	9	7	9	5	5	8	7	9
	Total.	231	18	18	11	20	24	19	28	16	14	24	21	18
Cass.....	Cities...	142	12	14	12	14	15	11	7	17	11	12	10	7
	Towns...	184	15	17	13	13	18	13	10	20	14	15	11	25
	Country	184	15	17	13	13	18	13	10	20	14	15	11	25
	Total.	326	27	31	25	27	33	24	17	37	25	27	21	32

Table XXVI—Continued.

The State and Counties		The year ..	January...	February..	March	April.....	May.....	June	July	August	September.	October .	November.	December.
Champaign	Cities...	90	9	8	9	7	8	6	7	7	8	8	6	7
	Towns...	136	14	12	13	11	12	9	9	9	11	12	10	14
	Country	318	34	29	30	25	26	21	23	22	26	28	26	28
Total.		544	57	49	52	43	46	36	39	38	45	48	42	49
Christian	Cities...													
	Towns...	111	9	8	8	14	7	7	6	9	8	10	11	14
	Country	451	41	47	42	30	40	39	33	41	44	38	23	33
Total.		562	50	55	50	44	47	46	39	50	52	48	34	47
Clark.....	Cities...													
	Towns...	71	6	8	6	8	5	5	6	5	5	6	5	6
	Country	351	31	38	33	37	25	21	27	25	30	34	26	24
Total.		422	37	46	39	45	30	26	33	30	35	40	31	30
Clay	Cities...													
	Towns...	442	53	26	25	52	26	52	39	39	26	39	39	26
	Country													
Total.		442	53	26	25	52	26	52	39	39	26	39	39	26
Coles.....	Cities...	165	15	6	24	11	9	17	16	9	6	4	18	30
	Towns...	459	52	33	55	26	45	34	37	30	33	48	32	34
	Country													
Total.		624	67	39	79	37	54	51	53	39	39	52	50	64
Cook	Cities...	13,291	1089	1044	1039	965	1004	968	1191	1276	1245	1217	1178	1075
	Towns...													
	Country	1,589	137	102	110	101	159	101	142	153	146	158	15	133
Total.		14,880	1226	1146	1149	1066	1154	1069	1333	1429	1391	1375	1331	1208
Crawford	Cities...													
	Towns...	144	8	12	15	6	10	11	12	20	15	6	18	11
	Country	364	30	29	44	28	30	16	21	43	30	29	41	23
Total.		508	38	41	59	34	40	27	33	63	45	35	59	34
Cumberland...	Cities...													
	Towns...	54	5	8	2		7	8	4	3	5	3	4	5
	Country	260	20	25	33	17	22	26	14	27	17	21	23	15
Total.		314	25	33	35	17	29	34	18	30	22	24	27	20
DeKalb	Cities...													
	Towns...	217	25	19	21	25	21	19	10	16	23	8	17	13
	Country	15				3	2	2		5	1	1		1
Total.		232	25	19	21	28	23	21	10	16	28	9	18	14
DeWitt,	Cities...													
	Towns...	86	6	8	9	7	8	7	7	8	7	8	6	5
	Country	172	12	17	17	15	17	13	15	16	12	15	14	9
Total.		258	18	25	26	22	25	20	22	24	19	23	20	14
Douglas.....	Cities...													
	Towns...	64	5	6	4	6	5	4	6	7	8	5	4	4
	Country	256	22	21	13	23	20	16	22	27	34	21	14	15
Total.		320	27	30	22	29	25	20	28	34	42	26	18	19

Table XXVI—Continued.

The State and Counties	The year	January	February	March	April	May	June	July	August	September	October	November	December
DuPage .. Cities...	170	19	13	16	15	15	13	11	7	13	15	15	18
Towns...	85	9	7	8	7	7	7	6	3	6	8	7	10
Country													
Total.	255	28	20	24	22	22	20	17	10	19	23	22	28
Edgar .. Cities...	150	10	19	13	9	12	11	10	8	18	13	7	20
Towns...	426	32	58	39	29	38	32	30	25	55	40	24	26
Country													
Total.	576	42	77	52	38	50	43	40	31	73	53	31	46
Edwards .. Cities...	30	3	4		2	2	5	1	2	1	4	2	4
Towns...	220	19	26	25	20	19	14	11	18	22	17	15	14
Country													
Total.	250	22	30	25	22	21	19	12	20	23	21	17	18
Efingham .. Cities...	45	3	10	10		4	4		4	3	3		4
Towns...	216	10	16	25	9	30	23	13	22	10	23	13	22
Country													
Total.	261	13	26	35	9	34	27	13	26	13	26	13	26
Fayette .. Cities...	67	17	5	7	2	3	4	11	6	3	2	3	4
Towns...	382	66	37	43	24	17	26	43	30	26	40	16	14
Country													
Total.	449	83	42	50	26	20	30	51	36	29	42	19	18
Ford .. Cities...													
Towns...	291	19	39	66	27	26	26	14	13	26	14	13	8
Country													
Total.	291	19	39	66	27	26	26	14	13	26	14	13	8
Franklin .. Cities...													
Towns...	274	21	24	32	34	16	25	18	39	19	26	9	11
Country													
Total.	274	21	24	32	34	16	25	18	39	19	26	9	11
Fulton .. Cities...													
Towns...	365	31	35	41	32	31	21	32	32	30	17	20	40
Country	182	17	17	20	16	15	10	16	15	14	9	9	24
Total.	547	51	52	61	48	46	31	48	47	44	26	29	64
Gallatin .. Cities...													
Towns...	53	5	3	13	5	4	2	5	2	5	1	3	5
Country	247	12	22	29	27	22	11	17	26	24	18	18	21
Total.	300	17	25	42	32	26	13	22	28	29	19	21	26
Greene .. Cities...													
Towns...	102	6	17	9	9	9	9	3	8	8	12	4	8
Country	204	12	34	19	17	19	20	4	17	17	26	8	11
Total.	306	18	51	28	26	28	29	7	25	25	38	12	19
Grundy .. Cities...													
Towns...	97	11	7	10	6	8	8	9	11	12	10	8	7
Country	94	11	9	9	4	7	6	9	9	3	8	8	11
Total.	191	22	16	19	10	15	14	18	20	5	18	16	18

Table XXVI—Continued.

The State and Counties		The year ..	January...	February..	March	April.....	May.....	June	July.....	August	September.	October...	November.	December.
Hamilton	Cities...													
	Towns...	115	13	15	11	16	8	5	11	11	3	8	6	8
	Country	338	38	39	44	30	29	24	18	29	22	17	26	22
	Total.	453	51	54	55	46	37	29	29	40	25	25	32	30
Hancock	Cities...													
	Towns...	163	13	8	12	11	17	14	13	13	17	14	15	16
	Country	383	32	32	47	25	32	29	29	44	30	23	28	41
	Total.	546	45	40	59	36	49	43	33	57	47	37	43	57
Hardin	Cities...													
	Towns...													
	Country	222	19	21	17	22	15	21	25	16	17	18	18	13
	Total.	222	19	21	17	22	15	21	25	16	17	18	18	13
Henderson ...	Cities...													
	Towns...	20	2	1	2		3	1	2		1	4	1	1
	Country	128	12	9	14	11	14	12	11	13	7	12	5	8
	Total.	148	14	10	16	13	17	13	13	13	8	16	6	9
Henry	Cities...													
	Towns...													
	Country	660	80	41	84	61	26	75	27	41	58	74	56	37
	Total.	660	80	41	84	61	26	75	27	41	58	74	56	37
Iroquois	Cities...													
	Towns...	172	15	16	23	12	11	8	19	17	16	17	12	6
	Country	438	50	38	36	37	40	35	39	46	38	24	20	35
	Total.	610	65	54	59	49	51	43	58	63	54	41	32	41
Jackson	Cities...													
	Towns...	86	10	9	12	6	6	8	5	5	10	5	7	3
	Country	212	11	15	30	15	12	11	13	24	18	24	17	22
	Total.	298	21	24	42	21	18	19	18	29	28	29	24	25
Jasper	Cities...													
	Towns...													
	Country	528	41	54	53	67	66	39	52	52	26	26	39	13
	Total.	528	41	54	53	67	66	39	52	52	26	26	39	13
Jefferson	Cities...													
	Towns...	49	3	4	3	4	2	3	4	3	4	2	4	13
	Country	364	31	34	28	32	31	30	30	29	36	32	26	25
	Total.	413	34	38	31	36	33	33	34	32	40	34	30	38
JoDaviess	Cities...	35	3	4	3	2	1	2	2	5	3	4	4	2
	Towns...	23	2	1	3		2	1	1	3	2	3	2	3
	Country	119	12	14	7	8	6	9	7	18	10	9	10	9
	Total.	177	17	19	13	10	9	12	10	26	15	16	16	14
Johnson	Cities...													
	Towns...	1							1					
	Country	288	35	26	32	33	19	14	28	19	24	23	9	21
	Total.	289	35	26	32	33	19	14	29	19	24	28	9	21

Table XXVI—Continued.

The State and Counties		The year	January...	February...	March.....	April.....	May.....	June.....	July.....	August....	September.	October...	November.	December.
Kane	Cities...	277	21	27	22	21	26	21	32	21	18	25	20	17
	Towns...	158	15	16	12	15	16	10	18	12	10	12	10	12
	Country	109	8	12	10	9	11	8	13	8	8	8	7	8
	Total.	544	47	55	41	48	53	39	63	41	35	45	37	37
Kankakee	Cities...	104	13	8	6	9	6	8	12	9	7	8	9	9
	Towns...	87	10	5	7	7	12	9	8	12	10	6	3	8
	Country	131	18	15	13	8	7	5	13	17	12	9	7	10
	Total.	325	41	28	26	24	15	22	33	38	29	23	19	27
Kendall	Cities...	72	9	8	4	5	8	5	5	8	5	5	4	6
	Towns...	144	18	16	8	12	17	8	11	16	11	9	9	9
	Country	216	27	24	12	17	25	13	16	24	16	14	13	15
	Total.	432	54	48	24	34	50	26	32	49	32	28	26	29
Knox	Cities...	191	17	12	22	17	13	14	11	19	18	18	14	16
	Towns...	113	15	11	10	13	5	12	10	6	7	10	8	6
	Country	245	27	23	13	16	19	15	21	18	25	24	19	20
	Total.	549	59	51	45	46	37	41	42	43	50	52	41	42
Lake	Cities...	78	7	6	4	10	9	3	8	9	11	6	4	1
	Towns...	59	5	4	6	.....	12	4	.....	3	5	6	6	8
	Country	46	5	5	15	.....	3	4	.....	2	.....	1	9	2
	Total.	183	17	15	25	10	24	11	8	14	16	13	19	11
LaSalle	Cities...	532	42	56	41	36	47	52	31	32	67	29	53	46
	Towns...	292	29	18	17	12	16	32	21	13	24	31	51	25
	Country	210	41	19	20	16	14	19	7	7	19	14	33	31
	Total.	1064	112	93	78	64	77	102	60	52	110	74	140	102
Lawrence.....	Cities...	31	2	1	7	1	1	4	2	3	1	2	.....	7
	Towns...	31	2	1	7	1	1	4	2	3	1	2	.....	7
	Country	312	32	29	41	14	33	28	24	23	38	20	21	36
	Total.	373	34	30	48	15	34	32	26	26	39	22	24	43
Lee.....	Cities...	110	.....	3	20	14	5	10	4	15	11	6	9	13
	Towns...	208	2	6	41	26	9	21	7	29	21	13	17	16
	Country	318	2	9	61	40	14	31	11	44	32	19	26	29
	Total.	636	4	18	122	64	28	62	22	88	64	38	52	58
Livingston.	Cities...	260	28	21	30	26	17	18	23	19	23	22	17	16
	Towns...	252	19	23	22	18	21	13	21	20	15	26	25	24
	Country	512	47	49	52	44	38	31	44	39	38	48	42	40
	Total.	1024	94	93	104	88	76	62	86	78	76	94	84	80
Logan.....	Cities...	109	14	10	8	10	11	9	13	3	6	10	10	5
	Towns...	65	8	12	5	7	2	3	2	4	3	3	7	9
	Country	292	26	26	21	22	31	23	22	29	25	22	19	25
	Total.	466	48	48	34	39	44	35	37	36	35	35	36	39
Macon.....	Cities...	177	16	11	16	13	18	2	14	8	28	12	29	10
	Towns...	293	22	41	26	15	13	28	24	37	35	23	19	10
	Country	12	.....	2	2	.....	.....	.....	.....	.....	5	2	1	.....
	Total.	482	38	54	44	28	31	30	38	45	68	37	49	20

Table XXVI—Continued.

The State and Counties		The year...	January...	February...	March.....	April.....	May.....	June.....	July.....	August.....	September.	October....	November.	December.
Madison.....	Cities...	110	8	10	9	8	11	10	8	9	13	9	8	7
	Towns...	142	11	13	11	10	14	12	10	11	10	11	9	20
	Country	301	25	27	24	192	30	28	22	24	28	25	21	25
Total.		553	44	50	44	40	55	50	40	44	51	45	38	52
Macoupin.....	Cities...													
	Towns...	319	26	27	25	25	19	32	29	36	22	22	29	27
	Country	639	53	55	49	49	55	44	58	48	57	45	56	70
Total.		958	79	82	74	74	74	76	87	84	79	67	85	97
Marion.....	Cities...													
	Towns...	156	13	16	12	10	14	11	9	13	22	11	14	11
	Country	291	25	22	27	18	27	23	24	26	34	18	28	19
Total.		447	38	38	39	28	41	31	33	39	56	29	42	30
Marshall.....	Cities...													
	Towns...	86	8	7	9	4	3	6	7	8	13	6	10	5
	Country	155	17	13	20	8	7	9	14	15	25	13	13	1
Total.		241	25	20	29	12	10	15	21	23	38	19	23	6
Mason.....	Cities...													
	Towns...	35	6	3	2	1	4	2	2	2	2	2	4	5
	Country	66	13	6	4	2	7	3	4	5	4	3	9	6
Total.		101	19	9	6	3	11	5	6	7	6	5	13	11
Massac.....	Cities...													
	Towns...	61	6	4	6	3	5	2	10	2	4	9	7	3
	Country	103	6	13	11	13	6	6	10	6	10	8	6	8
Total.		164	12	17	17	16	11	8	20	8	14	17	13	11
McHenry.....	Cities...													
	Towns...	202	14	17	17	6	27	21	20	12	21	11	12	24
	Country	3	1	2										
Total.		205	15	19	17	6	27	21	20	12	21	11	12	24
McLean.....	Cities...	276	20	12	27	33	22	15	19	36	32	21	17	22
	Towns...	197	30	21	24	15	17	6	17	14	10	14	15	14
	Country	339	34	46	30	22	20	30	19	28	38	34	18	20
Total.		812	84	79	81	70	59	51	55	78	80	69	50	56
Menard.....	Cities...													
	Towns...	105	2	8	4	10	8	13	8	10	13	11	7	11
	Country	123	9	8	12	7	10	11	12	15	13	13	6	7
Total.		228	11	16	16	17	18	24	20	25	26	24	13	18
Mercer.....	Cities...													
	Towns...	109	9	13	16	10	8	2	8	6	12	6	11	8
	Country	218	20	26	32	20	15	6	16	11	24	14	21	13
Total.		327	29	39	48	30	23	8	24	17	36	20	32	21
Monroe.....	Cities...													
	Towns...	149	13	16	16	8	8	12	8	16	13	16	13	10
	Country	211	26	26	23	11	12	17	11	17	16	19	24	9
Total.		360	39	42	39	19	20	29	19	33	29	35	37	19

Table XXVI—Continued.

The State and Counties		The year...	January...	February...	March.....	April.....	May.....	June.....	July.....	August.....	September...	October.....	November...	December...
Montgomery...	Cities...													
	Towns...	443	39	32	54	31	34	44	35	46	40	20	41	37
	Country	312	31	24	33	21	24	22	32	31	26	23	19	36
Total.		755	60	56	77	52	58	66	67	77	66	43	60	73
Moultrie.....	Cities...													
	Towns...	106	11	12	8	6	8	5	11	13	8	7	9	8
	Country	212	21	24	15	12	16	12	23	26	17	10	16	20
Total.		318	32	36	23	18	24	17	34	39	25	17	25	28
Ogle.....	Cities...													
	Towns...	48	13	2	3	2	5	4		7	1		6	5
	Country	177	23	16	17	16	13	10	11	21	11	12	17	10
Total.		225	36	18	20	18	18	14	11	28	12	12	23	15
Peoria.....	Cities...	763	57	62	66	74	45	66	68	68	70	76	58	53
	Towns...	39	10	1	2	1		5	1	5	3	2	9	
	Country	327	24	19	28	50	13	44	18	20	31	22	28	30
Total.		1,129	91	82	96	125	58	115	87	93	104	100	95	83
Perry.....	Cities...													
	Towns...	118	10	12	8	15	6		10	8	13	6	12	11
	Country	134	16	17	12	10	13	7	9	11	15	11	7	7
Total.		252	26	29	20	25	19	13	19	19	28	17	19	18
Piatt.....	Cities...													
	Towns...	67	6	4	10	4	5	4	8	5	8	4	3	6
	Country	134	12	8	21	8	8	9	17	8	17	9	10	7
Total.		201	18	12	31	12	13	13	25	13	25	13	13	13
Pike.....	Cities...													
	Towns...	142	9	11	17	15	13	13	15	16	10	12	8	3
	Country	302	19	23	24	30	26	27	31	34	20	25	15	28
Total.		444	28	34	41	45	39	40	46	50	30	37	23	31
Pope.....	Cities...													
	Towns...	44	8	6	2	1		5	3	4	2	4	6	3
	Country	227	18	20	25	26	13	8	21	24	24	10	21	14
Total.		271	26	26	27	27	13	13	27	28	26	14	27	17
Putnam.....	Cities...													
	Towns...													
	Country	85	7	7	8	7	11	4	7	6	3	13	6	6
Total.		85	7	7	9	7	11	4	7	6	3	13	6	6
Randolph.....	Cities...													
	Towns...	106	11	12	10	7	8	6	8	9	11	7	8	9
	Country	452	49	52	43	31	31	26	34	38	47	30	34	37
Total.		558	60	64	53	38	39	32	42	47	58	37	42	46
Richland.....	Cities...													
	Towns...	123	16	8	24	13	6	5	5	4	9	12	10	11
	Country	287	21	23	44	32	36	22	22	22	17	16	17	15
Total.		410	37	31	68	45	42	27	27	26	26	28	27	26

Table XXVI—Continued.

The State and Counties		The year...	January...	February...	March...	April.....	May.....	June.....	July.....	August....	September.	October....	November	December.
Rock Island	Cities...	401	31	23	31	29	39	41	48	36	40	34	31	18
	Towns...	125	17	12	18	16	15	12	16	6	5	1	5	2
	Country	197	17	14	26	16	13	6	10	23	19	14	33	6
	Total.	723	65	49	75	61	67	59	74	65	64	49	69	26
Saline	Cities...													
	Towns...	1												1
	Country	168	24	20	18	9	4	12	16	17	14	9	11	14
	Total.	169	24	20	18	9	4	12	16	17	14	9	11	15
Sangamon	Cities...	400	29	39	33	29	27	33	38	45	32	37	30	28
	Towns...													
	Country	362	26	28	39	18	20	19	35	33	37	33	31	37
	Total.	762	55	67	72	47	47	52	76	78	69	70	64	65
Schuyler	Cities...													
	Towns...	32	4	4	2	3	3	2	3	4	1	3	1	2
	Country	220	24	26	13	19	24	14	22	26	7	26	7	12
	Total.	252	28	30	15	22	27	16	25	30	8	29	8	14
Scott	Cities...													
	Towns...	95	19	4	12	4	7	4	17	4	7	6	7	4
	Country	88	15	7	16	2	6	1	10	5	4	7	13	2
	Total.	183	34	11	28	6	13	5	17	9	11	13	20	6
Shelby	Cities...													
	Towns...	63	5	15	5	2	2	6	3	8	3	5	3	6
	Country	556	40	73	39	52	35	58	36	72	50	34	25	42
	Total.	619	45	88	44	54	37	64	39	80	53	39	28	48
Stark	Cities...													
	Towns...	38	7	7	3	1		8	3	1	7			1
	Country	87	14	6	11	5	5	7	5	1	16	6	3	8
	Total.	125	21	13	14	6	5	15	8	2	23	6	3	9
St. Clair	Cities...	503	53	33	32	29	33	36	36	55	52	40	55	49
	Towns...	301	35	26	28	15	12	19	24	22	25	28	46	21
	Country	461	65	31	48	45	29	29	35	37	37	45	24	40
	Total.	1,265	153	90	108	89	74	84	95	114	114	113	121	110
Stephenson	Cities...	183	22	7	16	16	10	12	15	19	14	17	18	17
	Towns...	42	4	2	1	5	6	2	2	2	5	3	6	4
	Country	372	28	35	27	25	30	26	30	38	38	38	23	34
	Total.	597	54	44	44	46	46	40	47	59	57	58	47	55
Tazewell	Cities...	100	5	6	36	2	15	7	7	1	5	6	6	4
	Towns...	117	15	9	14	14	3	9	10	4	15	6	12	6
	Country	229	20	15	31	15	9	23	15	15	19	28	22	17
	Total.	446	40	30	81	31	27	39	32	20	39	40	40	27
Union	Cities...													
	Towns...	114	16	10	8	6	7	11	10	10	11	9	9	7
	Country	242	24	18	16	14	16	15	18	35	19	31	13	22
	Total.	356	40	28	24	20	23	26	28	45	30	40	23	29

Table XXVI—Continued.

The State and Counties		The year....	January....	February..	March.....	April	May.....	June.....	July.....	August.....	September.	October....	November.	December.
Vermilion.....	Cities...	94	4	16	10	5	8	4	5	6	12	10	8	4
	Towns...	69	5	12	12	10	12	4	6	7	8	8	7	6
	Country	444	33	42	40	41	34	37	42	36	42	36	55	33
	Total	607	42	60	52	56	54	45	55	49	54	54	43	43
Wabash.....	Cities...	72	3	4	6	8	3	2	9	6	7	5	9	10
	Towns...	195	18	16	15	13	7	27	21	19	20	21	11	7
	Country	267	21	20	21	21	10	29	30	25	27	26	20	17
	Total	267	21	20	21	21	10	29	30	25	27	26	20	17
Warren.....	Cities...	83	8	7	7	4	4	8	5	8	7	9	8	8
	Towns...	139	13	12	11	8	7	13	9	15	12	15	12	12
	Country	196	20	18	15	12	10	18	14	23	18	21	17	10
	Total	418	41	37	33	24	21	39	28	46	37	45	37	30
Washington...	Cities...	254	32	20	20	23	20	20	21	15	24	19	24	26
	Towns...	226	26	17	21	23	17	15	20	16	16	15	20	20
	Country	480	48	37	44	43	37	35	41	31	40	34	44	46
	Total	480	48	37	44	43	37	35	41	31	40	34	44	46
Wayne.....	Cities...	28	...	...	7	...	2	2	3	6	2	2	...	4
	Towns...	462	43	45	53	42	23	32	43	38	51	31	37	24
	Country	490	43	45	60	42	25	31	40	44	53	33	37	28
	Total	490	43	45	60	42	25	31	40	44	53	33	37	28
White.....	Cities...	151	15	10	13	15	17	6	11	18	17	4	16	9
	Towns...	455	56	40	48	22	41	26	39	20	48	45	27	43
	Country	606	71	50	61	37	58	32	50	38	65	49	43	52
	Total	606	71	50	61	37	58	32	50	38	65	49	43	52
Whiteside.....	Cities...	101	6	6	15	5	10	11	5	13	17	4	6	3
	Towns...	102	12	7	4	10	2	9	10	16	5	13	6	8
	Country	310	24	47	27	19	21	27	15	28	18	22	21	28
	Total	513	42	60	56	34	33	47	30	57	40	39	36	39
Williamson...	Cities...	132	18	13	14	9	8	6	9	10	11	8	8	18
	Towns...	234	37	27	27	20	16	11	18	20	21	17	13	7
	Country	366	55	40	41	29	24	17	27	30	32	25	21	25
	Total	366	55	40	41	29	24	17	27	30	32	25	21	25
Winnebago.....	Cities...	318	20	21	25	28	27	36	23	27	32	28	26	27
	Towns...	112	17	11	4	12	2	4	17	8	12	9	10	6
	Country	60	14	7	3	6	...	2	5	3	3	8	7	2
	Total	490	51	39	32	46	29	42	45	36	47	45	43	35
Woodford.....	Cities...	83	5	4	4	4	5	5	11	8	7	11	7	6
	Towns...	244	31	24	19	19	18	16	23	23	16	21	20	14
	Country	327	36	28	23	23	23	21	37	31	23	35	27	20
	Total	327	36	28	23	23	23	21	37	31	23	35	27	20

TABLE XXVII.—*Births reported during the year 1881: Nationality of Parents, "F." Fathers, "M." Mothers.*

The State and Counties.		All Nationalities.....	American..	British American.	English.....	Irish.....	Scotch.....	*German..	Scandinavian.....	Polish.....	French....	Italians.....	Miscellaneous.....	Not given.
Illinois	F. 54,034 M. 54,034	28,747 30,903		625 611	1,499 1,168	2,850 2,586	534 323	10,112 8,935	2,351 2,269	496 457	320 339	122 111	1,561 1,429	2,119 2,250
Adams	F. 872 M. 872	458 495	2	10	17	7	298	267	2	1	2			79 78
Bond.....	F. 409 M. 409	269 281		2	4	1	49	37		4	5		4	76 72
Boone.....	F. 136 M. 136	96 108	7	12	7	3	8	4					3	4
Brown.....	F. 224 M. 224	206 212		2	6	2	9	7						1 2
Bureau....	F. 445 M. 445	296 305	7	29	11	5	39	38	1	1	1		6	12 26
Calhoun....	F. 101 M. 104	86 95	1	1	2		9	2		1	1	2	2	
Carroll.....	F. 231 M. 231													
Cass.....	F. 326 M. 326													
Champaign	F. 541 M. 541	412 440	4	14	33	6	64	56	6				2	3 1
Christian..	F. 562 M. 562	456 493	11	12	18	3	45	31	6	4			6	1 4
Clark.....	F. 422 M. 422	324 328		8	7	1	14	8		1	1			67 73
Clay.....	F. 412 M. 412	432 432				1	9	9						
Coles.....	F. 624 M. 624	570 590		6	20	2	20	14		1	1		1	4 7
Cook	F. 14,880 M. 14,880	2,824 3,604	400	471	1,638	139	5,538	1,379	431	68	108	1,145	739	
Crawford..	F. 508 M. 508	466 275		10	15		16	6			1			226
Cumberl'nd	F. 314 M. 314	272 283		17	8	1	11	5			1			5 1
DeKalb..	F. 232 M. 232	148 163	6	8	13		34	19				4		
DeWitt.....	F. 258 M. 258	190 199	1	10	11	13	3	10	1	1			2	27 26
Douglas ...	F. 320 M. 320	290 300		3	4	1	12	3	1	1			2	4 4
DuPage....	F. 255 M. 255	78 86	2	16	6	4	134	7	1	1			2	5 3
Edgar	F. 576 M. 576	492 496		6	16	1	10	6		1			3	47 51

Table XXVII—Continued.

The State and Counties.		All nation- alities....	American.	British American.	English....	Irish....	Scotch....	*German.	Scandinavian....	Polish....	French....	Italians....	Miscellaneous....	Not given..
Edwards...	F. M.	250 250	208 228	.....	14 6	.....	.....	24 14	.....	.....	.....	.....	1 2	3
Emingham.	F. M.	261 261	156 184	2 1	2	6 1	1	73 72	.....	.....	.....	.....	1	20 3
Fayette....	F. M.	449 419	360 377	.....	8 9	16 6	1	58 53	.....	.....	1	.....	2 2	4 1
Ford.....	F. M.	291 291	162 188	1	16 13	13 9	1	32 22	42 41	.....	11 6	.....	6 7	4 4
Franklin...	F. M.	274 274	269 272	.....	1	.....	.....	4 2	.....	.....	.....	.....	.....	.....
Fulton....	F. M.	547 547	477 507	3 3	16 12	6 2	5 6	10 2	2 3	1	.....	.....	1	26 11
Gallatin....	F. M.	300 300	283 289	1 1	1 3	2 1	.....	.....	7 4	.....	2 2	.....	.....	4
Greene....	F. M.	306 306	269 277	.....	5 4	11 9	.....	.....	11 9	.....	1	.....	2 1	8 5
Grundy....	F. M.	191 191	79 92	2 3	30 27	19 11	15 15	25 18	10 12	.....	1 1	3 2	4 4	3 3
Hamilton..	F. M.	453 453	427 413	.....	3	2	.....	12 8	.....	.....	1	.....	.....	8 2
Hancock...	F. M.	546 546	459 450	.....	7 6	8 6	3 2	56 42	3 2	.....	4 3	.....	5 2	1 2
Hardin....	F. M.	222 222	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Henderson.	F. M.	148 148	126 128	1 1	5 3	7 5	.....	5 4	1 2	.....	1	.....	.....	2 3
Henry.....	F. M.	660 660	305 332	.....	40 39	32 27	5 8	87 75	139 139	.....	.....	.....	35 25	17 14
Iroquois...	F. M.	610 610	360 380	6 12	19 19	21 15	3 3	71 67	14 13	.....	85 81	1	15 14	15 13
Jackson...	F. M.	29 298	207 217	.....	10 8	10 4	4 3	14 8	.....	1 2	1 1	1	3 2	47 52
Jasper.....	F. M.	528 528	306 306	.....	4 5	2 4	1	18 16	.....	.....	5	.....	4 1	188 196
Jefferson..	F. M.	413 413	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
JoDavies..	F. M.	177 177	128 141	1	13 8	11 8	.....	13 15	.....	.....	1 2	.....	.....	10 3
Johnson...	F. M.	289 289	173 172	.....	.....	.....	.....	1	.....	.....	.....	.....	1	114 117
Kane.....	F. M.	544 544	240 195	9 9	42 44	82 82	39 30	100 103	45 45	4 4	23 24	1	5 5	3 3
Kankakee..	F. M.	325 325	130 149	44 37	10 10	14 11	1 2	73 73	3 1	.....	31 31	.....	13 9	6 2
Kendall....	F. M.	216 216	112 155	4 2	11 6	6 4	2 4	22 18	21 24	.....	2 2	.....	2 1	3 1
Knox.....	F. M.	549 549	381 380	.....	19 11	23 22	4 6	13 9	91 90	.....	1 3	.....	8 7	9 21
Lake.....	F. M.	183 183	102 104	.....	12 9	22 23	4 5	34 29	.....	.....	1 2	.....	4 3	4 7

Table XXVII—Continued.

The State and Counties.	All nation- alities.....	American.	British American.	English....	Irish.....	Scotch.....	*German...	Scandinavian.....	Polish....	French....	Italians....	Miscellaneous.....	Not given..
LaLalle F. M.	1,061 1,061	426 421	9 13	84 57	90 99	35 26	233 191	57 50	.....	18 13	.....	31 32	81 162
Lawrence.. F. M.	373 373	350 366	..... 1	2	2 4	..... 1	7 4	.....	.....	3 1	.....	.....	7
Lee..... F. M.	318 318	168 162	.....	10 11	..... 43	50 3	1 66	63 11	10	10 10	.....	3 4	3 3
Livingston. F. M.	512 512	251 285	6 1	21 12	26 29	6 4	103 88	12 15	1 1	4 4	.....	21 15	61 58
Logan F. M.	465 466	292 319	..... 3	12 12	35 23	2 2	95 80	2 1	.....	.....	.....	4	24 22
Macon F. M.	482 482	423 431	..... .....	9 4	13 9	3 2	28 23	.....	2 2	..... 1	.....	2 3	3 7
Madison ... F. M.	553 553	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Macoupin.. F. M.	958 958	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Marion..... F. M.	447 447	367 363	.....	6 2	5 3	.....	19 15	.....	1 1	1 .....	.....	3 1	45 62
Marshall... F. M.	241 241	183 193	4 1	2 3	12 8	2 1	36 30	1 3	.....	1 .....	.....	.....	2
Mason F. M.	101 101	79 84	.....	2 1	2 1	11 1	..... 1	..... 13	1 .....	.....	.....	3.....	.....
Massac..... F. M.	164 164	133 142	.....	2 1	1 .....	.....	18 11	.....	1 .....	.....	.....	.....	9 10
McHenry .. F. M.	205 205	119 120	.....	6 9	16 15	3 2	41 39	2 2	.....	1 .....	.....	.....	17 18
McLean.... F. M.	812 812	535 579	.....	25 20	43 39	10 2	127 115	..... 13	13 13	.....	.....	49 37	10 6
Menard F. M.	228 228	179 188	1 1	2 1	8 6	1 2	31 25	4 5	.....	.....	.....	1	1
Mercer..... F. M.	327 327	233 255	4 2	20 13	14 11	3 5	15 8	21 19	.....	.....	.....	3 1	14 13
Monroe F. M.	360 360	186 250	.....	5	2 2	.....	151 98	.....	.....	.....	.....	13 10	3
Montgom'ry F. M.	755 755	625 656	1 4	26 22	18 8	6 5	64 47	1	3 2	.....	1	6 8	4 3
Moultrie... F. M.	318 318	299 311	.....	1	5 5	1	6 2	.....	.....	.....	.....	.....	6
Ogle..... F. M.	225 225	151 163	3	6 3	17 11	1 1	34 29	4 3	.....	.....	.....	1	8 11
Peoria F. M.	1,129 1,129	634 698	11 7	34 27	105 96	40 10	243 230	14 16	6 4	6 1	.....	20 16	16 24
Perry..... F. M.	252 252	184 200	.....	7 6	11 9	2	42 34	.....	.....	.....	.....	2	4 3
Piatt F. M.	201 201	157 159	2 1	21 17	4 4	1 1	7 10	1 .....	.....	.....	.....	2	6 9
Pike..... F. M.	444 414	386 408	1	14 8	17 10	.....	13 6	.....	.....	.....	.....	10 8	3 4
Pope F. M.	271 271	251 256	1 .....	.....	.....	.....	16 15	.....	.....	.....	.....	1	2

Table XXVII—Continued.

The State and Counties.		All nation- alities.....	American.	British American.	English.....	Irish.....	Scotch.....	German ..	Scandinavian.....	Polish	French	Italians.....	Miscellane- ous.....	Not given.....
Putnam....	F M.	85 85	56 62	1	1	2 3	1	16 18	6 2					2
Randolph ..	F M.	558 558	394 432	1	2 1	10 7	8 4	131 92		3 2	3 2	1 1	1 1	4 16
Richland ..	F M.	410 410	356 368		1	3 4		19 12		2 1	1		12 10	16 15
Rock Isl'nd	F M.	723 723	360 396	11 14	4 38	30 33	11 12	127 94	107 100		2 3		21 13	12 10
Saline.....	F M.	160 169	165 148					4 21						
Saugamon..	F M.	762 762	499 588	5 3	41 21	48 47	5 3	120 81	5 4		1 1		7 1	31 13
Schuyler...	F M.	252 252	240 242	1	2 2			5 3					1 1	3 5
Scott.....	F M.	183 183	159 167	1 1	7 6	4 3	1	10 5						1 1
Shelby.....	F M.	619 619	515 550		20 12	9 3	4	47 37		2 1			4 1	18 15
Stark.....	F M.	125 125	98 105		5 3	5 4	8 5	3 4	3 1				2 1	1
St. Clair....	F M.	1,265 1,265	691 881	1	49 33	18 17	8	499 314	1		9 4		7 5	12 4
Stephenson	F M.	597 597	378 406	11 3	2 8	12 13	2	180 156		1			4 4	7 7
Tazewell ..	F M.	446 446	281 315	3 1	9 3	10 8	2	126 106	2 1		2 3		7 6	6 1
Union.....	F M.	356 356	332 338	1	1		2	8 8					1	11 8
Vermilion ..	F M.	607 607	531 568	4 1	14 6	13	1	19 18	3 1		1 1		10 4	8 2
Wabash....	F M.	267 267	245 256		2	2	15				1			3
Warren	F M.	418 418	333 317	7 5	11 10	22 16	6 5	10 7	28 26		1		1	1 1
Washingt'n	F M.	480 480	246 307		2 3	6 3	2 1	218 159	1 2				1 3	4 2
Wayne.....	F M.	490 490	462 472	1 2	5	2	2	4 2					1	14 13
White	F M.	606 606	529 521		4 4	3		23 21						47 57
Whiteside .	F M.	513 513	360 388	9 9	10 10	38 30	6 6	51 46	10 6		1 1		9 7	16 9
Williamson	F M.	366 366	334 314		3 3	2	8 5	13 9	1		1			4 5
Winnebago	F M.	490 490	281 280	6 6	20 20	6	8 7	9 12	155 152				2 1	
Woodford..	F M.	327 327	296 232	1 3	5 6	8 7	3 3	85 62		12 6			7 7	

* This large proportion of Germans to the total number of all nationalities shown in these figures is due to the fact that the Germans generally employ midwives and these report much more fully than physicians. This excess is seen to be very marked in Chicago.

TABLE XXVIII.—*Births reported during the year 1881: GROUPED AGES OF PARENTS. "F," father; "M," mother.*

The State and Counties.		All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given.
Illinois	F.	54,034	.....	91	8,955	12,553	10,162	8,051	4,412	2,059	872	334	3,293
	M.	54,031	11	5,499	13,531	11,912	8,255	5,247	1,686	213	.....	.....	4,398
Adams.....	F.	872	.....	.....	196	221	202	113	48	12	1	2	77
	M.	872	.....	273	.....	232	118	57	30	.....	.....	.....	132
Bond.....	F.	402	.....	.....	70	108	81	64	37	27	14	.....	8
	M.	409	.....	53	136	81	60	51	10	.....	.....	.....	18
Boone.....	F.	136	.....	.....	23	37	32	18	7	12	3	2	2
	M.	136	.....	12	39	37	27	9	7	1	.....	.....	4
Brown.....	F.	221	.....	37	56	35	43	23	5	8	3	4	10
	M.	224	2	26	53	56	40	32	9	2	.....	.....	4
Bureau.....	F.	445	.....	1	47	111	96	73	41	26	18	8	21
	M.	445	5	59	124	88	59	36	15	5	.....	.....	54
Calhoun.....	F.	104	.....	.....	29	26	13	12	12	6	.....	.....	6
	M.	104	.....	19	27	21	9	12	4	.....	.....	.....	12
Carroll.....	F.	231	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	231	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cass.....	F.	326	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	326	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Champaign.....	F.	544	.....	.....	75	146	108	90	62	26	14	3	20
	M.	544	.....	59	159	117	93	63	27	4	.....	.....	22
Christian.....	F.	562	.....	.....	86	145	113	91	59	30	13	4	21
	M.	562	.....	71	167	127	94	56	19	2	.....	.....	26
Clark.....	F.	422	.....	.....	83	118	84	55	25	17	10	4	26
	M.	422	.....	60	127	91	62	40	12	2	.....	.....	23
Clay.....	F.	442	.....	.....	56	91	121	81	59	15	2	1	16
	M.	442	.....	81	103	101	75	50	16	.....	.....	.....	16
Coles.....	F.	624	.....	.....	114	138	132	83	72	28	7	2	48
	M.	624	.....	79	154	161	102	53	20	7	.....	.....	48
Cook.....	F.	14,880	.....	.....	2,781	3,468	3,002	2,586	1,208	433	143	41	1,218
	M.	14,880	.....	1,057	3,741	3,533	2,543	1,531	399	52	.....	.....	2,024
Crawford.....	F.	508	.....	.....	87	81	99	66	61	37	20	21	35
	M.	508	.....	87	134	104	89	.....	33	19	.....	.....	42
Cumberland.....	F.	314	.....	.....	66	75	59	42	27	11	4	2	28
	M.	314	.....	67	88	61	47	27	5	1	.....	.....	18
DeKalb.....	F.	232	.....	.....	38	61	61	26	20	11	4	2	6
	M.	232	.....	24	75	63	36	23	7	.....	.....	.....	4
DeWitt.....	F.	258	.....	.....	57	55	56	43	19	8	8	1	11
	M.	258	.....	37	70	61	38	23	11	3	.....	.....	15
Douglas.....	F.	320	.....	.....	58	80	51	45	38	18	13	6	11
	M.	320	.....	44	89	56	50	44	16	5	.....	.....	16
DuPage.....	F.	255	.....	.....	16	54	51	55	26	15	5	2	21
	M.	255	.....	18	62	63	45	34	15	2	.....	.....	16
Edgar.....	F.	576	.....	.....	111	162	115	87	38	22	6	6	20
	M.	576	.....	81	161	145	87	55	11	4	.....	.....	32

Table XXVIII.—Continued.

The State and Counties.		All ages.....	Under 15.....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Edwards	F.	250	.....	.....	46	65	48	56	13	5	6	.....	11
	M.	250	.....	28	69	59	44	32	7	.....	.....	.....	11
Emingham.....	F.	261	.....	1	51	63	45	42	33	9	5	.....	12
	M.	261	.....	39	69	52	41	32	12	2	.....	.....	11
Fayette.....	F.	449	.....	.....	84	119	82	68	40	19	10	1	26
	M.	449	.....	67	124	96	73	40	17	2	.....	.....	30
Ford	F.	291	.....	.....	41	78	65	48	27	15	3	5	9
	M.	291	.....	39	83	61	54	26	12	1	.....	.....	15
Franklin	F.	274	.....	.....	56	74	56	35	19	7	6	4	13
	M.	274	.....	41	56	50	39	24	11	1	.....	.....	52
Fulton.....	F.	547	.....	.....	105	114	102	63	58	25	14	4	62
	M.	547	.....	63	139	120	93	47	26	1	.....	.....	58
Gallatin	F.	300	.....	.....	71	80	53	40	15	9	1	4	27
	M.	300	.....	38	90	70	40	21	6	.....	.....	.....	35
Greene	F.	306	.....	.....	57	69	55	51	25	14	4	2	29
	M.	306	.....	50	80	65	35	35	5	2	.....	.....	31
Grundy.....	F.	191	.....	.....	30	56	35	33	20	4	9	1	3
	M.	191	.....	20	64	46	23	16	8	.....	.....	.....	8
Hamilton.....	F.	453	.....	7	90	100	81	63	35	20	13	4	37
	M.	453	.....	58	127	128	61	28	12	2	.....	.....	37
Hancock	F.	546	.....	8	69	157	104	81	67	28	8	7	17
	M.	546	.....	58	150	141	81	64	20	2	.....	.....	27
Hardin	F.	222	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	222	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Henderson.....	F.	148	.....	.....	29	52	24	14	11	5	4	4	5
	M.	148	.....	20	44	30	26	11	6	.....	.....	.....	11
Henry	F.	660	.....	.....	101	161	136	96	76	36	26	2	26
	M.	660	.....	61	183	154	107	91	27	3	.....	.....	34
Iroquois.....	F.	610	.....	.....	118	134	139	102	61	27	17	4	17
	M.	610	.....	85	178	132	96	80	20	3	.....	.....	16
Jackson	F.	298	.....	.....	58	64	55	41	21	10	6	.....	43
	M.	298	.....	44	83	67	33	23	4	1	.....	.....	43
Jasper.....	F.	528	.....	.....	89	128	115	84	35	27	10	4	36
	M.	528	.....	72	157	112	78	49	18	2	.....	.....	40
Jefferson	F.	413	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	413	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jo Davless.....	F.	177	.....	.....	16	30	47	22	13	7	3	2	37
	M.	177	.....	8	41	33	33	18	5	.....	.....	.....	39
Johnson.....	F.	289	.....	.....	74	65	52	36	25	12	3	3	19
	M.	289	.....	54	73	54	56	22	6	1	.....	.....	23
Kane.....	F.	544	.....	.....	217	180	93	45	3	3	3	.....	7
	M.	544	.....	10	101	149	117	89	64	7	.....	.....	.....
Kankakee	F.	325	.....	.....	51	90	68	47	27	20	9	.....	13
	M.	325	.....	28	96	69	51	48	12	2	.....	.....	19
Kendall	F.	216	.....	.....	38	48	49	29	23	8	5	.....	16
	M.	216	.....	15	54	62	36	16	8	.....	.....	.....	25
Knox.....	F.	549	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	549	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lake.....	F.	183	.....	.....	26	42	35	30	18	11	7	2	12
	M.	183	.....	11	43	47	41	20	3	2	.....	.....	13

Table XXVIII.—Continued.

The State and Counties.		All ages.....	Under 15.....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
LaSalle.....	F.	1,064	.....	.....	162	304	225	161	91	48	16	5	52
	M.	1,064	.....	109	288	295	161	109	42	11	.....	.....	49
Lawrence.....	F.	373	.....	1	78	106	46	47	36	17	3	4	35
	M.	373	.....	48	115	77	48	39	8	1	.....	.....	37
Lee.....	F.	318	.....	8	78	108	53	33	18	14	4	1	1
	M.	318	.....	63	96	81	42	28	5	3	.....	.....	.....
Livingston.....	F.	512	.....	.....	60	140	106	83	48	36	15	4	20
	M.	512	.....	45	159	122	81	53	25	5	.....	.....	22
Logan.....	F.	466	.....	.....	71	116	91	70	42	22	3	3	48
	M.	466	.....	44	141	108	67	46	14	1	.....	.....	45
Macon.....	F.	482	.....	.....	88	124	101	83	38	23	7	9	9
	M.	482	.....	58	152	120	57	55	22	.....	.....	.....	18
Madison.....	F.	553	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	553	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Macoupin.....	F.	958	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	958	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Marion.....	F.	447	.....	.....	93	110	96	72	38	13	5	3	17
	M.	447	.....	115	118	103	58	25	9	1	.....	.....	15
Marshall.....	F.	241	.....	.....	43	64	37	31	32	10	7	1	13
	M.	241	.....	30	82	53	28	25	14	.....	.....	.....	9
Mason.....	F.	101	.....	.....	21	26	19	18	12	5	.....	.....	5
	M.	101	.....	1	32	17	16	16	8	.....	.....	.....	.....
Massac.....	F.	164	.....	.....	28	45	33	20	19	7	2	1	9
	M.	164	.....	25	49	36	25	13	8	.....	.....	.....	8
McHenry.....	F.	205	.....	.....	43	46	28	34	18	11	9	5	11
	M.	205	.....	22	65	40	26	28	14	.....	.....	.....	10
McLean.....	F.	812	.....	.....	99	220	175	129	69	34	13	7	66
	M.	812	.....	90	223	197	132	84	29	3	.....	.....	63
Menard.....	F.	228	.....	.....	39	63	46	27	26	13	6	1	7
	M.	228	.....	35	66	54	33	21	10	.....	.....	.....	6
Mercer.....	F.	327	.....	.....	50	92	63	44	35	17	10	3	13
	M.	327	.....	38	97	73	54	36	16	2	.....	.....	11
Monroe.....	F.	360	.....	.....	40	93	78	57	33	25	10	3	21
	M.	360	.....	26	115	84	64	34	10	2	.....	.....	25
Montgomery.....	F.	755	.....	.....	99	182	171	117	95	53	16	9	13
	M.	755	.....	111	207	185	130	79	21	1	.....	.....	21
Moultrie.....	F.	318	.....	3	59	72	61	57	35	16	3	1	11
	M.	318	.....	39	84	71	57	45	8	.....	.....	.....	14
Ogle.....	F.	225	.....	.....	29	59	36	40	23	9	5	2	22
	M.	225	.....	16	58	50	36	27	9	3	.....	.....	26
Peoria.....	F.	1,129	.....	.....	150	263	208	193	101	52	25	12	125
	M.	1,129	.....	84	298	237	194	141	39	5	.....	.....	131
Perry.....	F.	252	.....	.....	45	60	45	43	30	15	5	.....	9
	M.	252	.....	32	73	49	47	28	6	4	.....	.....	13
Piatt.....	F.	201	.....	.....	30	52	39	32	25	13	2	.....	8
	M.	201	.....	28	59	40	36	22	6	1	.....	.....	9
Pike.....	F.	441	.....	.....	82	121	84	62	39	17	8	6	25
	M.	441	.....	56	147	91	55	49	15	2	.....	.....	29
Pope.....	F.	271	.....	.....	41	57	55	35	33	17	6	6	21
	M.	271	.....	25	57	68	48	32	14	2	.....	.....	25

Table XXVIII.—Continued.

The State and Counties.		All ages.....	Under 15.....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Putnam	F. M.	85 85	..... .....	8	11 31	34 27	17 11	9 7	1 1	6	2	2	3
Randolph	F. M.	558 558	..... .....	54	77 145	129 137	119 82	86 49	53 20	25 1	12	7	49 70
Richland	F. M.	410 410	..... .....	4 5	58 104	97 91	82 57	52 39	29 16	23	8	5	51 60
Rock Island	F. M.	723 723	..... .....	..... 75	127 218	187 204	162 118	128 69	67 21	28 3	12 .....	..... .....	12 15
Saline	F. M.	169 169	..... .....	4 2	34 53	39 32	31 34	22 13	19 9	7	2	4	7 5
Sangamon	F. M.	762 762	..... .....	5 66	99 226	157 159	168 117	133 88	62 24	41 1	9	4	84 80
Schuyler	F. M.	252 252	..... .....	35	52 80	73 45	43 45	31 24	16 5	14 1	5 .....	..... .....	15 17
Scott	F. M.	183 183	..... .....	1	40 31	48 62	37 44	19 22	23 11	8 7	3	1	3 6
Shelby	F. M.	619 619	..... .....	69	116 168	144 164	120 108	88 74	67 24	35 5	13	3	33 7
Stark	F. M.	125 125	..... .....	40	16 32	31 19	29 17	26 2	10 1	5	2	2	1 14
St. Clair	F. M.	1,265 1,265	..... .....	110	194 313	319 320	256 225	238 166	101 45	66 6	24	10	57 50
Stephenson	F. M.	597 597	..... .....	51	78 169	189 149	115 94	98 67	51 31	27 4	21	7	20 32
Tazewell	F. M.	446 446	..... .....	48	72 133	105 87	99 81	82 57	35 15	16 2	9	4	24 23
Union	F. M.	356 356	..... .....	60	70 114	99 67	52 43	54 41	27 14	17	9	4	24 17
Vermilion	F. M.	607 607	..... .....	78	102 200	176 146	141 99	86 45	47 17	17 3	16	6	16 19
Wabash	F. M.	267 267	..... .....	33	54 85	75 77	54 29	44 28	16 9	7	5 .....	..... .....	12 6
Warren	F. M.	418 418	..... .....	56	60 114	116 104	86 68	81 44	42 17	18 1	5	2	8 14
Washington	F. M.	480 489	..... .....	39	57 134	122 127	90 71	102 64	48 29	20 2	10	1	30 32
Wayne	F. M.	490 490	..... .....	5 50	82 114	99 91	77 54	55 35	30 13	11 1	12	5	114 135
White	F. M.	606 606	..... .....	102	137 181	163 139	106 87	71 48	48 15	30	17	1	33 34
Whiteside	F. M.	513 513	..... .....	51	89 155	133 118	99 94	69 62	60 15	27 2	7	6	23 16
Williamson	F. M.	366 366	..... .....	64	75 90	85 96	71 52	61 36	29 10	12	8	2	23 18
Winnebago	F. M.	490 490	..... .....	1 65	114 137	150 117	85 92	73 46	31 15	14 13	13	6	3 5
Woodford	F. M.	327 327	..... .....	27	37 89	82 85	75 67	70 49	31	14 1	8	2	8 13

TABLE XXIX—*Births reported during the year 1881:* NUMBER OF CHILD, OF MOTHER.

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not given.
Illinois.....	54,034	11,795	8,821	7,245	5,946	4,602	3,570	2,614	1,787	1,413	872	954	4,415
Adams.....	872	277	205	104	86	66	26	25	18	4	2	2	57
Bond.....	409	96	55	69	45	43	19	18	16	11	10	10	17
Boone.....	136	42	30	22	13	10	8	5	2	2	2	1	1
Brown.....	224	52	38	45	13	24	13	14	15	6	5	2	1
Bureau.....	445	116	82	50	45	35	23	23	11	16	6	10	28
Calhoun.....	104	25	19	14	9	11	4	5	9	5	2	2	1
Carroll.....	241	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	231
Cass.....	326	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	326
Champaign.....	544	136	88	89	70	43	32	34	23	13	10	5	1
Christian.....	562	124	81	102	68	44	41	33	25	11	10	8	12
Clark.....	422	117	73	64	51	27	22	12	15	10	8	2	21
Clay.....	442	52	66	70	62	49	27	35	28	22	13	8	10
Coles.....	624	136	111	100	68	57	45	36	20	22	5	10	14
Cook.....	14,880	3,298	2,330	2,018	1,793	1,419	1,057	766	484	573	251	291	700
Crawford.....	508	34	86	87	65	64	57	58	22	20	10	9	7
Cumberland.....	314	78	57	37	30	34	24	17	12	3	3	3	16
DeKalb.....	232	66	46	34	30	12	14	17	13	1	1	3	5
DeWitt.....	255	57	58	44	26	25	12	11	6	4	3	8	4
Douglas.....	329	74	54	51	25	26	26	16	13	9	9	9	8
DuPage.....	255	54	53	43	31	23	31	7	3	8	6	6	10
Edgar.....	576	144	122	74	64	50	39	22	16	15	10	9	11
Edwards.....	259	47	54	30	32	28	18	21	5	6	4	4	2
Effingham.....	261	63	37	31	38	24	21	17	6	9	5	5	2
Fayette.....	449	106	70	58	63	42	27	27	16	10	7	10	13
Ford.....	291	76	48	42	56	29	19	9	10	8	5	5	1
Franklin.....	274	58	44	44	36	24	23	16	10	9	5	4	1
Fulton.....	547	119	102	82	57	36	35	30	16	12	12	18	28
Gallatin.....	309	60	58	52	29	34	25	13	11	3	2	2	11
Greene.....	306	95	55	41	29	29	17	12	8	7	1	2	10
Grundy.....	191	46	36	27	24	17	14	6	9	4	4	1	3
Hamilton.....	453	92	75	65	57	39	31	21	15	18	5	12	23
Hancock.....	546	132	83	80	80	53	33	26	22	14	5	11	7
Hardin.....	222	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	222
Henderson.....	148	42	29	23	16	10	7	5	6	4	3	3	.....
Henry.....	660	152	134	90	68	46	45	31	20	12	10	9	44
Iroquois.....	610	167	109	77	60	52	48	31	22	21	11	11	10
Jackson.....	298	67	50	49	25	34	22	17	9	5	5	6	9
Jasper.....	528	102	88	84	54	41	35	19	26	24	13	12	30
Jefferson.....	413	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	413
Jo Daviess.....	177	29	26	30	18	21	6	11	9	2	2	4	19
Johnson.....	289	63	45	41	36	26	28	12	13	5	4	5	11
Kane.....	544	285	88	50	43	23	25	8	6	2	2	5	7
Kankakee.....	325	78	62	47	34	23	21	19	15	8	8	7	3
Kendall.....	216	56	41	35	31	13	15	12	1	2	2	2	6
Knox.....	54	159	104	77	53	44	38	24	22	7	7	5	9
Lake.....	183	44	31	29	20	18	10	10	4	6	3	3	5
LaSalle.....	1,064	273	199	145	135	87	69	45	35	20	16	22	18
Lawrence.....	373	91	72	53	41	36	23	11	9	8	4	5	20
Lee.....	318	86	64	49	44	21	17	12	9	4	4	3	5
Livingston.....	512	122	86	70	65	45	31	13	12	18	16	11	23
Logan.....	466	119	79	60	52	40	40	21	22	9	8	2	14
Macon.....	482	125	85	74	53	39	29	22	15	10	8	11	11
Madison.....	553	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	553
Macoupin.....	958	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	958
Marion.....	447	101	79	61	46	45	27	26	17	9	8	8	20
Marshall.....	241	66	43	32	24	28	13	7	8	6	5	6	3

Table XXIX—Continued.

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not given..
Mason.....	101	21	17	19	9	9	9	5	5	1	2	2	2
Massac.....	164	44	27	20	17	13	10	8	9	4	3	5	4
McHenry.....	205	68	35	24	22	14	17	8	3	2	2	6	4
McLean.....	812	201	147	138	87	62	57	34	19	23	16	20	8
Menard.....	255	63	42	26	28	13	20	8	13	4	4	5	5
Mercer.....	327	82	53	54	32	36	21	19	14	5	4	6	1
Monroe.....	360	71	67	44	44	40	27	22	14	9	8	8	6
Montgomery..	755	141	134	105	93	75	56	55	35	20	16	19	6
Moultrie.....	318	69	54	31	32	34	21	24	15	10	6	12	5
Ogle.....	225	56	41	34	23	12	13	12	8	6	7	6	5
Peoria.....	1,129	239	177	153	148	101	81	68	39	23	23	25	52
Perry.....	252	59	39	36	27	18	26	13	13	4	4	8	5
Platt.....	201	45	41	29	23	15	11	13	13	2	1	6	5
Pike.....	444	114	106	66	40	32	25	26	17	4	4	11	5
Pope.....	271	61	38	34	33	39	22	23	11	15	3	1	.....
Putnam.....	85	22	14	19	7	6	8	2	4	1	1	1	.....
Randolph.....	558	113	103	72	51	53	47	38	21	15	15	6	24
Richland.....	410	89	82	50	34	43	21	26	13	7	6	7	32
Rock Island...	723	171	168	114	93	71	52	31	14	3	2	2	3
Saline.....	169	31	30	23	18	11	18	11	9	4	4	4	3
Sangamon.....	762	167	144	101	83	59	47	44	26	16	22	8	45
Schnyder.....	252	58	57	37	25	16	17	15	8	11	2	2	4
Scott.....	183	47	32	21	21	21	12	10	4	6	4	5	.....
Shelby.....	619	131	101	102	92	55	42	37	17	8	8	17	6
Stark.....	125	29	26	19	17	5	9	8	4	3	2	3	.....
St. Clair.....	1,265	210	193	164	165	128	104	76	79	35	30	33	18
Stephenson...	597	144	109	72	66	60	45	23	18	15	15	21	9
Tazewell.....	446	111	99	66	43	26	40	20	18	7	7	6	3
Union.....	356	69	68	52	31	29	25	21	15	8	7	11	20
Vermilion.....	607	141	98	102	75	64	36	31	18	13	10	10	9
Wabash.....	267	66	55	43	33	12	19	17	5	7	6	3	1
Warren.....	418	88	85	63	52	35	32	23	14	5	5	9	7
Washington..	480	91	73	69	50	45	44	38	19	15	12	7	17
Wayne.....	490	95	73	61	58	39	30	19	14	8	7	11	75
White.....	606	146	100	89	73	49	41	36	20	13	13	17	9
Whiteside.....	513	125	109	66	62	48	35	21	16	9	9	9	4
Williamson...	366	72	56	64	38	36	31	15	19	11	11	9	4
Winnebago...	490	140	90	71	58	39	36	23	11	12	2	1	7
Woodford.....	327	63	39	44	51	43	31	19	14	6	5	7	5

TABLE XXX.—*Births reported during the year 1882:* BY MONTHS, SEX SPECIFIED.

The State and Counties.	The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December.
Illinois.....M.....	24,182	2,210	1,937	2,119	1,857	1,765	1,726	2,041	2,095	2173	2204	1979	2076
.....F.....	22,796	2,020	1,795	2,031	1,788	1,651	1,703	1,853	1,966	2009	1971	1949	2060
Total	46,978	4,230	3,732	4,150	3,645	3,416	3,429	3,894	4,061	4182	4175	3928	4136
Adams.....M.....	347	20	35	38	24	21	30	23	28	29	27	32	40
.....F.....	389	26	40	42	27	26	36	24	32	27	28	35	46
Total	736	46	75	80	51	47	66	47	60	56	55	67	86
Bond.....M.....	192	16	21	16	20	15	6	22	18	15	20	12	11
.....F.....	166	14	21	16	16	9	8	14	21	11	9	12	9
Total	358	30	42	32	36	24	14	36	39	26	29	30	20
Boone.....M.....	84	6	9	3	9	3	6	12	8	9	5	6	8
.....F.....	74	7	3	9	3	7	5	10	5	6	5	7	6
Total	158	13	12	12	12	10	11	22	13	15	11	13	14
Brown.....M.....	96	6	4	16	8	11	5	2	7	8	7	13	9
.....F.....	78	7	5	11	4	13	7	2	2	4	5	11	8
Total	174	13	9	27	12	24	12	3	9	12	12	24	17
Bureau.....M.....	239	26	15	18	18	23	21	25	15	21	23	16	19
.....F.....	214	23	9	12	24	21	18	22	11	24	14	16	20
Total	453	49	24	30	42	43	39	47	26	45	37	32	39
Carroll.....M.....	119	13	15	5	8	9	12	12	8	3	10	12	12
.....F.....	130	14	17	5	6	11	8	15	10	5	6	15	18
Total	249	27	32	10	14	20	20	27	18	8	16	27	30
Christian.....M.....	248	27	23	33	16	20	19	18	20	21	13	14	24
.....F.....	245	31	21	29	29	11	16	15	24	20	20	19	10
Total	493	58	44	62	45	31	35	33	44	41	33	33	34
Clark.....M.....	192	16	20	24	15	14	11	19	18	20	17	10	8
.....F.....	196	17	15	18	14	6	15	25	17	25	7	13	24
Total	388	33	35	42	29	20	26	44	35	45	24	23	32
Clay.....M.....	144	21	10	16	7	10	4	7	8	14	14	17	16
.....F.....	116	18	3	10	6	3	9	6	5	12	12	22	10
Total	260	39	13	26	13	13	13	13	13	26	26	39	26
Coles.....M.....	253	21	26	29	22	25	16	16	14	21	23	14	26
.....F.....	302	20	36	28	26	21	24	24	19	23	36	21	24
Total	555	41	62	57	48	46	40	40	33	44	59	35	50

Table XXX.—Continued.

The State and Counties.	The Year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Cook	M.....	8,575	747	579	692	629	621	641	711	807	797	813	759
	F.....	7,889	639	576	634	589	608	573	656	719	693	711	758
	Total	16,464	1,406	1,155	1,326	1,218	1,229	1,214	1,367	1,526	1,490	1,524	1,517
Cumberland.....	M.....	138	14	9	18	15	7	13	15	10	10	7	10
	F.....	114	10	8	18	6	5	16	9	6	10	8	7
	Total	252	24	17	36	21	12	29	24	16	20	18	17
DeKalb.....	M.....	134	11	9	13	12	10	8	14	11	12	10	11
	F.....	125	10	8	12	10	6	14	10	12	13	10	8
	Total	259	21	17	25	22	16	22	24	23	25	20	19
DeWitt.....	M.....	125	16	10	5	8	8	7	15	12	16	9	10
	F.....	108	8	7	7	4	6	12	8	11	15	14	7
	Total	233	24	17	12	12	14	19	23	23	31	23	17
Douglas.....	M.....	159	10	18	6	16	10	9	15	9	25	19	12
	F.....	199	9	16	29	10	16	30	11	17	27	20	14
	Total	358	19	34	26	26	26	39	26	26	52	39	26
DuPage.....	M.....	117	10	8	9	8	12	14	6	10	11	9	7
	F.....	142	12	10	12	13	8	16	12	9	13	14	11
	Total	259	22	18	21	21	20	30	18	19	24	23	18
Edgar.....	M.....	264	24	16	29	15	21	18	9	30	17	27	32
	F.....	242	13	12	31	22	17	19	19	24	21	17	25
	Total	506	37	28	60	37	38	37	28	54	38	44	57
Edwards.....	M.....	125	12	9	16	6	6	9	6	12	11	16	15
	F.....	109	7	6	9	12	8	6	11	15	5	12	8
	Total	234	19	15	25	18	14	15	17	27	16	28	23
Effingham.....	M.....	114	8	8	2	10	14	6	12	7	12	12	8
	F.....	77	5	5	1	6	8	5	6	7	6	15	8
	Total	191	13	13	3	16	22	11	18	14	18	27	16
Fayette.....	M.....	170	19	20	20	9	18	7	19	11	18	8	8
	F.....	122	15	9	14	8	4	3	23	16	8	7	8
	Total	292	34	29	34	17	22	10	42	27	26	15	16
Ford.....	M.....	161	13	14	12	10	15	16	10	12	9	14	18
	F.....	172	14	7	19	12	11	11	5	13	22	25	23
	Total	333	27	21	31	22	26	27	15	25	31	39	41
Franklin.....	M.....	125	14	7	7	21	10	8	13	10	12	8	2
	F.....	122	2	10	6	8	10	20	17	16	14	5	11
	Total	247	16	17	13	32	20	28	30	26	26	13	13
Fulton.....	M.....	185	24	6	26	22	12	6	11	29	15	7	16
	F.....	184	18	8	30	20	19	13	6	23	10	25	17
	Total	369	42	14	56	42	31	19	17	52	25	12	33

Table XXX.—Continued.

The State and Counties.	The year..	January...	February..	March	April	May	June	July	August.....	September	October...	November.	December.
Gallatin.....M.....	110	5	17	11	10	6	6	10	12	9	8	5	11
Gallatin.....F.....	124	10	11	14	10	9	12	9	11	15	2	10	11
Total	234	15	28	25	20	15	18	19	23	24	10	15	22
Greene.....M.....	112	9	11	11	18	4	14	3	6	20	6	9	1
Greene.....F.....	102	8	8	14	15	6	14	4	3	14	7	7	2
Total	214	17	19	25	33	10	28	7	9	34	13	16	3
Grundy.....M.....	108	9	6	12	8	9	10	7	8	12	8	13	6
Grundy.....F.....	70	6	4	5	3	5	7	8	4	3	6	5	14
Total	178	15	10	17	11	14	17	15	12	15	14	18	20
Hamilton.....M.....	178	28	22	16	12	14	9	16	10	11	12	15	13
Hamilton.....F.....	167	11	17	17	13	8	16	10	13	16	15	10	21
Total	345	39	39	33	25	22	25	26	23	27	27	25	34
Hancock.....M.....	237	20	21	22	19	17	19	23	20	18	19	20	19
Hancock.....F.....	257	21	19	22	21	18	21	22	25	21	22	23	22
Total	494	41	40	44	40	35	40	45	45	39	41	43	41
Henderson.....M.....	95	8	12	8	8	5	6	10	8	6	6	7	11
Henderson.....F.....	90	6	10	7	9	6	5	6	10	10	5	9	7
Total	185	14	22	15	17	11	11	16	18	16	11	16	18
Henry.....M.....	311	32	24	23	21	37	23	16	25	38	18	30	24
Henry.....F.....	265	30	24	16	29	31	16	17	13	34	23	15	17
Total	576	62	48	39	50	68	39	33	38	72	41	45	41
Iroquois.....M.....	266	14	26	25	21	15	15	30	27	30	20	22	21
Iroquois.....F.....	263	21	27	29	17	18	20	21	22	23	18	27	20
Total	529	35	53	54	38	33	35	51	49	53	38	49	41
Jasper.....M.....	185	22	24	23	11	9	12	13	16	17	11	20	7
Jasper.....F.....	195	26	20	23	7	14	14	9	18	16	13	17	18
Total	380	48	44	46	18	23	26	22	34	33	24	37	25
JoDavies.....M.....	95	8	6	10	7	9	6	8	9	10	11	9	2
JoDavies.....F.....	71	6	5	6	8	5	4	3	7	8	4	4	11
Total	166	14	11	16	15	14	10	11	16	18	15	13	13
Johnson.....M.....	145	22	13	23	17	6	9	14	13	6	9	6	7
Johnson.....F.....	134	16	9	13	11	6	7	14	7	7	11	14	19
Total	279	38	22	36	28	12	16	28	20	13	20	20	26
Kankakee.....M.....	292	19	25	18	25	28	24	31	26	23	32	21	20
Kankakee.....F.....	279	22	18	27	21	26	30	25	22	26	23	19	20
Total	571	41	43	45	46	54	54	56	48	49	55	40	50
Kendall.....M.....	101	15	4	6	4	8	9	13	7	8	10	6	11
Kendall.....F.....	93	12	3	5	4	6	8	11	8	6	14	6	10
Total	194	27	7	11	8	14	17	24	15	14	24	12	21

Table XXX.—Continued.

The State and Counties.	The year..	January..	February..	March....	April.....	May.....	June.....	July.....	August....	September	October...	November..	December.
Knox	M.....	241	21	27	20	19	12	13	87	12	27	19	12
	F.....	279	14	30	14	20	14	13	42	27	26	21	27
	Total	520	35	57	34	39	26	26	79	39	53	40	39
Lake	M.....	105	9	9	5	5	13	8	5	10	13	14	5
	F.....	89	11	1	7	10	6	4	8	10	7	8	9
	Total	194	20	10	12	15	19	12	14	20	20	22	14
LaSalle	M.....	484	40	42	42	38	46	34	37	39	43	42	41
	F.....	526	42	46	43	48	40	48	37	48	43	40	42
	Total	1,010	82	88	85	86	86	82	74	87	86	82	83
Lawrence	M.....	160	16	14	18	12	15	17	13	7	4	14	18
	F.....	161	16	14	18	9	17	13	11	9	6	13	14
	Total	321	32	28	36	21	32	30	24	16	10	27	32
Lee	M.....	114	14	11	14	10	5	6	9	11	13	10	5
	F.....	105	8	14	6	7	7	7	7	9	13	13	11
	Total	219	22	25	20	17	12	13	16	20	26	23	16
Livingston	M.....	206	20	11	19	22	21	16	20	10	15	17	22
	F.....	200	26	12	23	15	15	15	16	19	14	17	13
	Total	406	46	23	42	37	36	31	36	29	29	34	35
Logan	M.....	160	11	4	10	12	8	14	20	14	18	27	18
	F.....	160	11	6	13	17	23	27	16	13	16	6	14
	Total	429	22	10	23	29	21	41	36	27	34	33	32
Macon	M.....	284	25	34	23	16	17	24	30	16	37	32	10
	F.....	257	20	33	17	22	11	34	24	13	24	24	10
	Total	541	45	67	40	38	28	58	54	29	61	56	20
Marion	M.....	183	13	20	16	12	12	13	16	19	24	23	8
	F.....	177	15	16	30	13	13	16	16	11	16	14	8
	Total	360	28	36	46	25	25	29	32	30	40	37	16
Marshall	M.....	141	19	10	12	6	13	7	13	6	10	15	20
	F.....	138	9	16	12	11	10	12	10	10	9	17	11
	Total	279	28	26	24	17	23	19	23	16	19	32	31
Mason	M.....	88	11	9	9	9	7	11	6	5	6	9	4
	F.....	90	11	8	2	8	7	9	5	7	2	6	10
	Total	178	22	17	11	17	14	20	11	12	8	15	14
Massac.	M.....	50	3	4	5	5	5	8	6	6	4	1	1
	F.....	38	3	4	4	4	6	.....	.....	3	3	5	.....
	Total	88	6	8	9	9	11	8	6	8	7	6	1
McHenry	M.....	90	15	9	5	2	7	5	11	4	7	16	5
	F.....	82	6	5	13	7	6	5	9	4	11	3	7
	Total	172	21	14	18	9	13	10	20	8	18	19	12

Table XXX—Continued.

The State and Counties.	The year..	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September.	October...	November.	December.
McLean.....M.....	394	21	33	28	51	21	24	37	34	27	57	34	27
.....F.....	370	31	26	31	30	23	31	37	22	29	44	32	34
Total	764	52	59	59	81	44	55	74	56	56	101	66	61
Menard.....M.....	135	16	26	8	7	4	4	15	18	9	7	12	9
.....F.....	84	9	13	6	8	5	3	4	7	9	8	6	6
Total	219	25	39	14	15	9	7	19	25	18	15	18	15
Mercer.....M.....	142	14	6	9	13	8	11	11	20	8	11	10	21
.....F.....	141	9	2	11	11	16	5	11	13	17	18	11	17
Total	283	23	8	20	24	24	16	22	33	25	29	21	38
Monroe.....M.....	224	16	19	17	14	16	19	22	14	17	21	30	19
.....F.....	166	21	21	14	7	8	15	9	20	15	12	9	15
Total	390	37	40	31	21	24	34	31	34	32	33	39	34
Montgomery..M.....	345	40	39	31	26	39	22	29	30	21	37	17	24
.....F.....	314	30	28	31	32	27	16	21	31	25	24	25	24
Total	659	70	67	62	58	56	38	50	61	46	61	42	48
Moultrie.....M.....	156	11	16	17	8	11	13	13	11	15	18	15	8
.....F.....	140	9	13	16	5	5	14	15	23	10	12	9	9
Total	296	20	29	33	13	16	27	28	34	25	30	24	17
Ogle.....M.....	79	6	12	5	4	5	3	13	12	5	2	8	4
.....F.....	71	7	7	6	5	1	4	6	10	2	9	5	9
Total	150	13	19	11	9	6	7	19	22	7	11	13	13
Peoria.....M.....	598	50	38	50	64	24	29	37	46	56	30	49	125
.....F.....	568	48	35	52	46	22	35	49	44	47	46	42	102
Total	1,166	98	73	102	110	46	64	86	90	103	76	91	227
Perry.....M.....	89	6	8	9	9	3	1	6	7	8	11	14	7
.....F.....	90	9	8	16	2	2	7	5	8	5	10	11	7
Total	179	15	16	25	11	5	8	11	15	13	21	25	14
Piatt.....M.....	88	6	6	11	7	6	3	9	3	9	7	15	6
.....F.....	102	10	14	10	10	7	6	7	.....	12	15	8	3
Total	190	16	20	21	17	13	9	16	3	21	22	23	9
Pike.....M.....	168	16	12	6	13	9	13	18	15	22	18	11	15
.....F.....	168	26	9	9	10	13	14	12	15	16	15	12	17
Total	336	42	21	15	23	22	27	30	30	38	33	23	32
Pope.....M.....	161	26	14	11	11	15	4	17	11	17	13	11	11
.....F.....	129	17	9	13	14	6	2	17	16	8	12	9	6
Total	290	43	23	24	25	21	6	34	27	25	25	20	17
Pulaski.....M.....	4	.....	.....	.....	.....	.....	1	.....	.....	2	1	.....	.....
.....F.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1
Total	6	.....	.....	.....	.....	.....	1	.....	.....	3	1	.....	1

Table XXX.—Continued.

The State and Counties.	The year.	January...	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December.
Putnam.....M.....	26	2	2	2	1	5	3	4	1	2	2	3	3
Putnam.....F.....	24	1	1	1	3	1	3	2	1	2	2	3	3
Total	50	3	3	3	4	6	6	7	1	4	5	6	6
Randolph.....M.....	218	26	15	22	12	12	16	13	24	25	31	16	6
Randolph.....F.....	209	28	16	19	13	14	10	12	27	24	22	10	14
Total	427	54	31	41	26	26	26	25	51	49	53	26	20
Richland.....M.....	134	6	13	21	7	8	6	14	7	14	22	5	11
Richland.....F.....	121	12	8	19	6	5	7	12	6	12	18	8	8
Total	255	18	21	40	13	13	13	26	13	26	40	13	19
Rock Island.....M.....	299	21	21	23	23	19	23	20	31	19	27	37	32
Rock Island.....F.....	294	24	14	28	30	28	21	20	25	20	25	18	37
Total	593	52	35	51	53	47	44	40	56	39	52	55	69
Saline.....M.....	44	3	9	9	2	1	2	5	3	4	2	1	3
Saline.....F.....	39	5	4	5	4	3	3	2	6	2	3	...	2
Total	83	8	13	14	6	4	5	7	9	6	5	1	5
Sangamon.....M.....	360	33	38	31	20	27	31	34	34	28	20	25	30
Sangamon.....F.....	378	36	40	35	27	24	19	29	34	38	28	37	31
Total	738	69	78	66	47	51	50	63	68	66	57	62	61
Schuyler.....M.....	116	7	6	13	12	11	5	12	10	7	14	7	12
Schuyler.....F.....	99	10	9	8	15	4	4	4	12	5	14	5	9
Total	215	17	15	21	27	15	9	16	22	12	28	12	21
Scott.....M.....	85	5	6	10	7	9	7	8	7	10	10	6	....
Scott.....F.....	57	8	7	3	6	4	6	4	6	3	3	7	....
Total	142	13	13	13	13	13	13	12	13	13	13	13	....
Shelby.....M.....	237	26	9	31	10	28	15	16	18	15	26	25	18
Shelby.....F.....	221	22	7	25	15	25	25	12	17	13	20	21	16
Total	458	48	16	56	25	56	40	28	35	28	46	46	34
Stark.....M.....	43	3	1	10	4	....	3	5	1	4	4	1	7
Stark.....F.....	32	5	4	7	3	....	1	4	1	1	1	2	3
Total	75	8	5	17	7	....	4	9	2	5	5	3	10
St. Clair.....M.....	572	62	60	47	38	37	39	42	50	62	49	47	39
St. Clair.....F.....	537	56	51	38	32	28	31	42	52	56	55	44	52
Total	1,109	118	111	85	70	65	70	84	102	118	104	91	91
Stephenson.....M.....	265	27	22	21	21	29	23	14	22	18	21	22	22
Stephenson.....F.....	295	22	28	23	25	25	16	27	23	28	31	25	25
Total	560	49	50	44	46	54	39	41	45	46	55	47	44
Tazewell.....M.....	218	38	27	15	18	12	9	15	19	16	20	11	19
Tazewell.....F.....	209	25	21	15	15	11	13	12	19	23	16	18	21
Total	427	63	48	30	32	23	22	27	38	39	36	29	40

Table XXX.—Continued.

The State and Counties.		The year..	January....	February..	March	April....	May.....	June.....	July.....	August....	September	October...	November.	December.
Union.....	M.....	165	20	18	14	20	11	7	16	14	16	8	9	12
	F.....	156	12	19	9	18	9	8	23	12	16	14	11	11
	Total	321	32	37	23	38	20	15	39	26	26	22	20	23
Vermilion.....	M.....	287	23	21	39	33	14	22	22	28	20	26	19	20
	F.....	217	22	24	24	27	14	11	16	15	22	25	24	23
	Total	504	45	45	63	60	28	33	38	43	42	51	43	43
Wabash.....	M.....	119	16	6	4	8	10	7	9	17	10	12	10	10
	F.....	123	12	8	10	10	10	13	8	13	12	7	9	11
	Total	242	28	14	14	18	20	20	17	30	23	19	19	21
Warren.....	M.....	208	18	16	12	16	22	13	14	19	24	17	20	17
	F.....	234	15	17	16	20	16	27	20	19	22	20	22	20
	Total	442	33	33	28	36	38	40	34	38	46	37	42	37
Wayne.....	M.....	218	16	23	26	15	16	14	19	21	15	17	16	20
	F.....	216	14	20	23	15	23	14	16	18	25	17	10	21
	Total	434	30	43	49	30	39	28	35	39	40	34	26	41
White.....	M.....	339	35	24	31	25	35	28	35	16	30	20	25	35
	F.....	313	46	25	35	22	23	21	23	19	30	16	25	26
	Total	652	81	49	66	47	58	49	60	35	60	35	50	61
Whiteside.....	M.....	229	28	15	22	15	11	25	18	20	16	30	12	17
	F.....	226	22	19	13	15	14	15	20	20	17	36	7	28
	Total	455	50	34	35	30	25	40	38	40	33	66	19	45
Williamson.....	M.....	160	14	17	23	19	10	8	10	9	14	10	13	13
	F.....	138	8	17	24	10	15	11	13	4	10	5	6	15
	Total	298	22	34	47	29	25	19	23	13	24	15	16	28
Winnebago.....	M.....	249	16	25	22	14	16	23	25	25	20	24	15	24
	F.....	227	29	11	17	18	21	15	17	15	25	22	16	21
	Total	476	45	36	39	32	37	38	42	40	45	46	31	45
Woodford.....	M.....	152	12	8	10	11	14	18	15	15	15	17	6	11
	F.....	129	10	8	16	14	8	8	11	11	11	10	14	8
	Total	281	22	16	26	25	22	26	26	26	26	27	20	19

TABLE XXXI.—*Births reported during the year 1882: LOCALITIES; "Cities" over 5,000 population; "Towns" over 500, under 5,000. "Country" places less than 500.*

The State and Counties.		The year...	January...	February...	March....	April.....	May.....	June.....	July.....	August....	September	October...	November	December
Illinois.....	Cities...	20,251	1,718	1,483	1,649	1,535	1,453	1,458	1,679	1817	1808	1860	1801	1990
	Towns...	10,053	899	829	897	85	748	751	842	821	912	861	804	864
	Country	16,674	1,613	1,420	1,604	1,285	1,215	1,220	1,373	14.3	1462	1454	1323	1282
	Total.	46,978	4,230	3,732	4,150	3,645	3,416	3,129	3,891	4061	4182	4175	3928	4136
Adams.....	Cities...	467	26	58	60	32	25	40	30	35	34	35	42	50
	Towns...	81	12	10	8	6	3	9	6	5	4	6	4	11
	Country	185	8	7	12	13	19	17	11	20	18	14	21	25
	Total.	736	46	75	80	51	47	66	47	60	56	55	67	86
Bond.....	Cities...	95	8	15	5	9	6	1	8	9	8	10	6	9
	Towns...	263	22	27	26	28	18	13	27	30	18	19	24	11
	Country	358	30	42	32	36	24	14	36	39	26	29	30	20
	Total.	358	30	42	32	36	24	14	36	39	26	29	30	20
Boone.....	Cities...	61	5	4	7	7	6	5	5	3	8	3	8	3
	Towns...	94	8	8	5	5	4	6	17	10	7	8	5	11
	Country	158	13	12	12	12	10	11	22	13	15	11	13	14
	Total.	158	13	12	12	12	10	11	22	13	15	11	13	14
Brown.....	Cities...	58	4	3	9	4	8	4	1	3	4	4	8	6
	Towns...	116	9	6	18	8	16	8	2	6	8	8	16	11
	Country	174	13	9	27	12	24	12	3	9	12	12	24	17
	Total.	174	13	9	27	12	24	12	3	9	12	12	24	17
Bureau.....	Cities...	267	30	12	16	27	23	29	29	18	25	17	17	24
	Towns...	186	19	12	14	15	20	10	18	8	20	20	15	15
	Country	453	49	24	30	42	43	39	47	26	45	37	32	39
	Total.	453	49	24	30	42	43	39	47	26	45	37	32	39
Carroll.....	Cities...	166	18	22	7	10	12	12	18	12	6	11	18	20
	Towns...	83	9	10	3	4	8	8	9	6	2	5	9	10
	Country	249	27	32	10	14	20	20	27	18	8	16	27	30
	Total.	249	27	32	10	14	20	20	27	18	8	16	27	30
Christian.....	Cities...	320	30	29	42	30	21	23	30	29	22	22	20	20
	Towns...	164	19	15	20	15	10	12	11	14	12	11	11	14
	Country	493	58	44	62	45	31	35	41	44	41	33	33	36
	Total.	493	58	44	62	45	31	35	41	44	41	33	33	36
Clark.....	Cities...	57	6	6	4	3	3	5	8	5	8	3	3	6
	Towns...	331	33	29	36	25	17	21	36	30	37	21	20	26
	Country	388	33	35	42	29	20	26	44	35	45	24	23	32
	Total.	388	33	35	42	29	20	26	44	35	45	24	23	32

Table XXXI.—Continued.

The State and Counties.		The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November..	December..
Clay.....	Cities...													
	Towns...	{ 260	39	13	26	13	13	13	13	13	26	26	39	26
	Country													
Total.		260	39	13	26	13	13	13	13	13	26	26	39	26
Coles.....	Cities...	114	4	15	12	13	12	3	5	7	9	15	6	13
	Towns...	171	8	18	16	15	20	7	14	10	11	22	11	19
	Country	270	29	29	29	20	14	30	21	16	24	22	18	18
Total.		555	41	62	57	48	46	40	40	33	44	59	35	50
Cook.....	Cities...	15,000	1,284	1,041	1,203	1,119	1,106	1,111	1,252	1395	1342	1415	1367	1365
	Towns...	1,116	76	90	92	80	92	81	83	85	116	88	128	100
	Country	348	46	24	31	19	31	22	27	46	32	21	22	27
Total.		16,464	1,406	1,155	1,326	1,218	1,229	1,214	1,367	1526	1490	1524	1517	1492
Cumberland..	Cities...													
	Towns...	53	5	4	8	4	3	8	1	1	7	5	5	2
	Country	199	19	13	28	17	9	21	23	15	13	13	13	15
Total.		252	24	17	36	21	12	29	24	16	20	18	18	17
DeCalb.....	Cities...													
	Towns...	173	14	12	17	14	11	14	16	15	17	13	12	18
	Country	86	7	5	8	8	5	8	8	8	8	7	7	7
Total.		259	21	17	25	22	16	22	24	23	25	20	19	25
DeWitt.....	Cities...													
	Towns...	74	8	6	3	3	2	10	6	6	12	8	5	5
	Country	159	16	11	9	9	12	9	17	17	19	15	12	13
Total.		233	24	17	12	12	14	19	23	23	31	23	17	18
Douglas.....	Cities...													
	Towns...	59	1	6	2	8	1	2	6	8	11	6	3	5
	Country	299	18	28	24	18	25	37	20	18	41	33	23	14
Total.		358	19	34	26	26	26	39	26	26	52	39	26	19
DuPage.....	Cities...													
	Towns...	172	15	12	14	14	14	21	12	13	16	15	12	14
	Country	87	7	6	7	7	6	9	6	6	8	8	6	11
Total.		259	22	18	21	21		30	18	19	24	23	18	25
Edgar.....	Cities...	{ 111	12	6	11	7	8	7	4	14	8	6	8	20
	Towns...													
	Country	395	25	22	49	30	30	30	24	40	30	38	49	28
Total.		506	37	28	60	37	38	37	28	54	38	44	57	48
Edwards.....	Cities...													
	Towns...	34	4	2	1	3	2	4	2	7	1	1	5	2
	Country	200	15	13	24	15	12	11	15	20	15	27	18	15
Total.		234	19	15	25	18	14	15	17	27	16	28	23	17
Effingham.....	Cities...													
	Towns...	32	2	3	1	4	8	2	2	2	2	3	2	3
	Country	159	11	10	2	12	14	9	16	14	16	21	14	17
Total.		191	13	13	3	16	22	11	18	14	18	27	16	20

Table XXXI.—Continued.

The State and Counties.		The year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Fayette.....	Cities.....	35	2	8	5	3	1		5	5	1	2	1	12
	Towns.....	257	32	21	29	14	21	10	37	22	25	13	15	18
	Country.....													
	Total.	292	34	29	34	17	22	10	42	27	26	15	16	20
Ford.....	Cities.....													
	Towns.....	213	18	14	21	14	17	18	9	17	22	26	24	13
	Country.....	120	9	7	10	8	9	9	6	8	9	13	17	15
	Total.	333	27	21	31	22	26	27	15	25	31	39	41	28
Franklin.....	Cities.....													
	Towns.....													
	Country.....	247	16	17	13	32	20	28	30	26	26	13	13	13
	Total.	247	16	17	13	32	20	28	30	26	26	13	13	13
Fulton.....	Cities.....													
	Towns.....	246	28	10	37	28	21	13	12	35	17	8	22	15
	Country.....	123	14	4	19	14	10	6	5	17	8	4	11	11
	Total.	369	42	14	56	42	31	19	17	52	25	12	33	26
Gallatin.....	Cities.....													
	Towns.....	114	7	13	13	8	7	8	10	11	12	5	8	12
	Country.....	120	8	15	12	12	8	10	9	12	12	5	7	10
	Total.	234	15	28	25	20	15	18	19	23	24	10	15	22
Greene.....	Cities.....													
	Towns.....	80	7	8	9	14	4	9	2	3	12	4	7	1
	Country.....	134	10	11	16	19	6	19	5	6	22	9	9	2
	Total.	214	17	19	25	33	10	28	7	9	34	13	16	3
Grundy.....	Cities.....													
	Towns.....	119	10	7	11	8	9	12	10	8	10	9	11	14
	Country.....	59	5	3	6	3	5	5	5	4	5	5	7	6
	Total.	178	15	10	17	11	14	17	15	12	15	14	18	20
Hamilton.....	Cities.....													
	Towns.....	93	14	4	13	11	3	4	5	5	7	10	8	9
	Country.....	252	25	35	20	14	19	21	21	18	20	17	17	25
	Total.	345	39	39	33	25	22	25	26	23	27	27	25	34
Hancock.....	Cities.....													
	Towns.....	137	12	13	14	10	9	14	9	10	12	14	10	10
	Country.....	357	29	27	30	30	26	26	36	35	27	27	34	31
	Total.	494	41	40	44	40	35	40	45	45	39	41	43	41
Henderson.....	Cities.....													
	Towns.....	22	2		1	4	2	1	4	4	2	2		
	Country.....	163	12	22	14	13	9	10	12	14	14	9	16	18
	Total.	185	14	22	15	17	11	11	16	18	16	11	16	18
Henry.....	Cities.....													
	Towns.....	366	31	28	26	33	41	25	22	24	48	27	30	22
	Country.....	210	25	20	13	17	24	14	11	14	21	14	15	19
	Total.	576	62	48	39	50	65	39	33	38	72	41	45	41

Table XXXI—Continued.

The State and Counties	The year ..	January...	February..	March	April.....	May.....	June	July.....	August	September.	October...	November.	December.
Iroquois	Cities...												
	Towns...	131	6	4	11	11	10	7	12	18	20	9	12
	Country	398	29	49	43	27	23	28	39	31	34	29	37
	Total.	529	35	53	54	38	33	35	51	9	53	38	49
Jasper	Cities...												
	Towns...												
	Country	380	48	44	46	18	23	26	22	34	31	24	37
	Total.	380	48	44	46	18	23	26	22	34	31	24	37
JoDavies	Cities...												
	Towns...												
	Country	166	14	11	16	15	14	10	11	16	18	15	13
	Total.	166	14	11	16	15	14	10	11	16	18	15	13
Johnson	Cities...												
	Towns...	93	13	7	12	9	4	5	9	7	5	7	6
	Country	186	25	15	21	19	8	11	19	13	8	13	14
	Total.	279	38	22	36	28	12	16	28	20	13	20	20
Kankakee	Cities...	142	10	10	11	11	14	13	15	12	13	14	19
	Towns...	190	14	14	15	15	18	19	17	16	16	18	13
	Country	239	17	19	19	20	22	22	24	20	20	23	17
	Total.	571	41	43	45	46	54	54	56	48	49	55	46
Kendall	Cities...												
	Towns...	48	7	2	2	2	3	5	6	4	3	6	3
	Country	146	20	5	9	6	11	12	18	11	11	18	9
	Total.	194	27	7	11	8	14	17	24	15	14	24	12
Knox	Cities...	185	1	34	20	11	11	10	31	19	16	13	4
	Towns...	123	6	6	8	13	8	8	21	9	14	3	9
	Country	212	28	17	6	15	7	8	27	11	23	24	26
	Total.	520	35	57	34	39	26	26	79	39	53	40	39
Lake	Cities...	67	12	6	6	5	3	3	1	9	4	8	5
	Towns...	57	3	2	2	1	9	2	9	4	10	6	4
	Country	70	5	2	4	9	7	7	4	7	6	8	5
	Total.	194	20	10	12	15	19	12	14	20	20	22	14
LaSalle	Cities...	502	40	42	39	43	48	37	34	45	42	36	42
	Towns...	218	17	16	15	18	20	17	22	24	18	17	15
	Country	296	25	30	31	25	18	28	18	18	26	29	26
	Total.	1016	82	88	85	86	86	82	74	87	86	82	83
Lawrence	Cities...												
	Towns...	13	1	2		1	2	1		1		2	3
	Country	308	31	26	36	20	30	29	24	15	10	25	31
	Total.	321	32	28	36	21	32	30	24	16	10	27	32
Lee	Cities...												
	Towns...	73	7	8	7	5	4	4	6	7	8	8	5
	Country	146	15	17	13	12	8	9	10	13	18	15	11
	Total.	219	22	25	20	17	12	13	16	20	26	23	16

Table XXXI—Continued.

The State and Counties	The year ..	January...	February..	March	April.....	May.....	June.....	July.....	August	September.	October...	November.	December.
Livingston	Cities...												
	Towns...	199	22	11	20	19	18	15	17	14	13	16	17
	Country	207	24	12	22	18	18	16	19	15	16	18	11
	Total.	406	46	23	42	37	36	31	36	29	29	34	28
Logan	Cities...	99	6	2	7	13	6	13	10	5	8	9	7
	Towns...	230	16	8	16	16	15	28	26	22	26	24	19
	Country	230	16	8	16	16	15	28	26	22	26	24	19
	Total.	329	22	10	23	29	21	41	36	27	34	33	21
Macon.....	Cities...	238	14	29	14	17	8	20	22	11	35	27	11
	Towns...	281	27	37	23	20	20	36	29	13	23	29	8
	Country	22	4	1	3	1	...	2	3	2	3	...	1
	Total.	541	45	67	40	38	28	58	54	29	61	56	20
Marion	Cities...	10	10										
	Towns...	217	8	24	27	14	12	15	25	21	30	20	11
	Country	133	10	12	19	11	13	14	7	9	10	17	5
	Total.	360	28	36	46	25	25	29	32	30	40	37	16
Marshall	Cities...												
	Towns...	98	9	8	8	6	7	7	8	4	6	10	9
	Country	184	19	18	16	11	16	12	15	12	13	22	5
	Total.	279	28	26	24	17	23	19	23	16	19	32	21
Mason.....	Cities...												
	Towns...	60	7	5	3	6	5	7		4	2	5	4
	Country	118	15	12	8	11	9	14	7	8	6	10	9
	Total.	178	22	17	11	17	14	20	11	12	8	15	17
Massac.....	Cities...												
	Towns...	39	2	2	5	5	3	2	3	2	5	4	5
	Country	49	4	6	4	4	8	6	3	7	2	2	3
	Total.	88	6	8	9	9	11	8	6	9	7	6	8
McHenry	Cities...												
	Towns...	102	11	8	12	5	7	6	14	4	10	12	7
	Country	70	10	6	6	4	6	4	6	4	8	7	5
	Total.	172	21	14	18	9	13	10	20	8	18	19	12
McLean.....	Cities...	313	20	21	28	27	17	20	26	26	19	48	31
	Towns...	384	30	38	30	52	22	31	44	25	35	26	25
	Country	67	2	...	11	2	15	4	4	5	2	7	10
	Total.	764	52	59	69	81	54	55	74	56	56	101	66
Menard	Cities...												
	Towns...	93	10	21	3	6	6	3	13	6	8	3	5
	Country	126	15	18	11	9	3	4	6	19	10	12	13
	Total.	219	25	39	14	15	9	7	19	25	18	15	18
Mercer	Cities...												
	Towns...	94	7	2	6	8	8	6	7	11	8	10	7
	Country	189	16	6	14	16	16	10	15	22	17	19	14
	Total.	283	23	8	20	24	24	16	22	33	25	29	21

Table XXXI—Continued.

The State and Counties		The year ..	January..	February..	March	April.....	May.....	June.....	July.....	August	September.	October...	November.	December.
Monroe	Cities...													
	Towns...	332	12	13	10	7	8	11	9	11	10	12	14	15
	Country	258	25	27	21	14	16	23	22	23	22	21	25	19
Total.		390	37	40	31	21	24	34	31	34	32	33	39	34
Montgomery...	Cities...													
	Towns...	260	29	27	23	8	23	13	23	26	17	35	23	15
	Country	399	41	40	39	50	33	25	27	35	29	28	19	33
Total.		659	70	67	62	58	56	38	50	61	46	61	42	48
Moultrie	Cities...													
	Towns...	74	5	7	8	3	4	7	7	8	6	7	6	6
	Country	292	15	22	25	10	12	20	21	26	19	23	18	11
Total.		296	20	29	33	13	16	27	28	34	25	30	24	17
Ogle	Cities...													
	Towns...	49	4	6	2	5	4		7	6	5	2	3	5
	Country	101	9	13	9	4	2	7	12	16	2	9	10	8
Total.		150	13	19	11	9	6	7	19	22	7	11	13	13
Perry	Cities...													
	Towns...	66	8	5	6	5	1	3	3	6	5	9	8	
	Country	113	7	11	19	6	4	5	8	9	8	12	17	7
Total.		179	15	16	25	11	5	8	11	15	13	21	25	14
Peoria	Cities...	850	74	42	72	79	29	40	73	63	75	51	67	185
	Towns...	65	5	7	4	3	5	6	4	8	8	3	7	5
	Country	251	19	24	26	28	12	18	9	19	20	22	17	37
Total.		1,166	98	73	102	110	46	64	86	90	103	76	91	227
Piatt	Cities...													
	Towns...	64	5	7	7	5	4	3	5	1	7	8	7	5
	Country	126	11	13	14	12	9	6	11	2	14	14	16	4
Total.		190	16	20	21	17	13	9	16	3	21	22	23	9
Pike	Cities...													
	Towns...	133	19	9	7	12	10	11	15	12	8	12	6	12
	Country	203	23	12	8	11	12	16	15	18	30	21	17	20
Total.		336	42	21	15	23	22	27	30	30	38	33	23	32
Pope	Cities...													
	Towns...	73	7	7	8	7	6	1	8	6	9	5	7	9
	Country	217	43	16	18	15	15	5	26	21	16	20	13	8
Total.		290	43	23	24	25	21	6	34	27	25	25	20	17
Pulaski	Cities...													
	Towns...													
	Country	6						1			3	1		1
Total.		6						1			3	1		1
Putman	Cities...													
	Towns...	8		1		1	1	1	2				1	1
	Country	42	3	2	3	3	1	5	4	7	1	4	4	5
Total.		50	3	3	3	4	2	6	6	7	1	4	5	

Table XXXI—Continued.

The State and Counties		The year...	January...	February...	March...	April.....	May.....	June.....	July.....	August....	September.	October....	November.	December*
Randolph.....	Cities...	81	11	6	8	5	5	5	5	10	10	10	5	4
	Towns...	343	43	25	33	20	21	21	20	41	39	43	21	16
	Country													
Total.		427	54	31	41	25	26	26	25	51	49	53	26	20
Richland.....	Cities...	62	3	1	9	4	3	4	8	5	8	6	4	7
	Towns...	193	15	20	31	9	10	9	18	8	18	34	9	12
	Country													
Total.		255	18	21	40	13	13	13	26	13	26	40	13	19
Rock Island....	Cities...	377	34	25	32	31	33	31	29	26	26	26	36	48
	Towns...	205	18	9	19	20	14	13	11	23	13	24	19	17
	Country	11		1		2				2		2		4
Total.		593	52	35	51	53	47	44	40	56	39	52	55	69
Saline.....	Cities...													
	Towns...	3		1						1		1		
	Country	80	8	12	14	6	4	5	7	8	6	4	1	5
Total.		83	8	13	14	6	4	5	7	9	6	5	1	5
Sangamon.....	Cities...	386	29	45	27	29	29	25	40	30	31	29	35	37
	Towns...	352	40	33	39	18	22	25	23	38	35	28	27	24
	Country													
Total.		738	69	78	66	47	51	50	63	68	66	57	62	61
Schuyler.....	Cities...													
	Towns...	21	2		3	2	5			3	1	5		
	Country	194	15	15	18	25	10	9	16	19	11	23	12	21
Total.		215	17	15	21	27	15	9	16	22	12	28	12	21
Scott.....	Cities...													
	Towns...	97	7	9	8	7	9	11	6	10	9	11	10	
	Country	45	6	4	5	6	4	2	6	3	4	2	3	
Total.		142	13	13	13	13	13	13	12	13	13	13	13	
Shelby.....	Cities...													
	Towns...													
	Country	458	48	16	56	25	56	40	28	35	28	46	46	34
Total.		458	48	16	56	25	56	40	28	35	28	46	46	34
Stark.....	Cities...													
	Towns...	18	2		5	3		1	3		1	1	1	1
	Country	57	6	5	12	4		3	6	2	4	4	2	9
Total.		75	8	5	17	7		4	9	2	5	5	3	10
St. Clair.....	Cities...	500	53	38	38	31	33	26	37	43	69	47	49	36
	Towns...	188	27	13	18	17	7	17	12	19	10	12	11	25
	Country	421	38	60	29	22	25	27	35	40	39	45	31	30
Total.		1,109	118	111	85	70	65	70	84	102	118	104	91	91
Stephenson....	Cities...	201	19	14	15	17	21	16	15	14	12	21	23	11
	Towns...	43	5	3	4	3	3	1	2	4	4	7	3	4
	Country	316	25	33	25	26	27	22	24	27	30	27	21	29
Total.		560	49	50	44	46	54	39	41	45	46	55	47	44

Table XXXI—Continued.

The State and Counties		The year...	January...	February...	March....	April.....	May.....	June.....	July.....	August....	September.	October...	November.	December.
Tazewell.....	Cities...	91	19	16	4	5	.....	1	9	13	10	3	6	5
	Towns...	51	3	9	5	1	3	5	.....	8	2	5	.....	10
	Country	285	41	23	21	26	20	16	18	17	27	28	23	25
	Total.	427	63	48	30	32	23	22	27	38	39	36	29	40
Union	Cities...	108	11	12	8	12	7	5	13	9	9	7	6	9
	Towns...	213	21	25	15	26	13	10	26	17	17	15	11	14
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	321	32	37	23	38	20	15	39	26	26	22	20	23
Vermilion.....	Cities...	168	9	9	12	12	6	6	7	8	9	10	8	12
	Towns...	180	15	15	20	20	9	11	12	14	14	17	14	19
	Country	246	21	21	31	28	13	16	19	21	19	24	21	12
	Total.	534	45	45	63	60	28	33	38	43	42	51	43	43
Wabash	Cities...	74	9	5	5	5	8	5	4	10	7	5	5	6
	Towns...	168	19	9	9	13	12	15	13	20	15	14	14	15
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	242	28	14	14	18	20	20	17	30	22	19	19	21
Warren.....	Cities...	90	6	7	5	8	7	8	7	8	9	7	8	10
	Towns...	147	11	11	9	12	12	13	11	13	16	12	14	13
	Country	205	16	15	14	16	19	19	16	17	21	18	20	14
	Total.	442	33	33	28	36	38	40	34	38	46	37	42	37
Wayne.....	Cities...	32	2	1	7	3	1	.....	2	3	4	3	2	3
	Towns...	402	28	42	42	27	38	27	33	36	36	31	24	38
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	434	30	43	49	30	39	28	35	39	40	34	26	41
White.....	Cities...	193	18	14	16	15	11	20	21	9	12	15	20	19
	Towns...	459	63	35	50	32	44	29	39	26	48	21	30	42
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	652	81	49	66	47	58	49	60	35	60	36	50	61
Whiteside.....	Cities...	98	10	7	7	6	5	8	8	8	7	12	4	16
	Towns...	175	17	13	14	11	9	14	13	14	11	32	7	20
	Country	182	23	14	11	13	11	18	17	18	15	22	8	9
	Total.	455	50	34	35	30	25	40	38	40	33	66	19	45
Williamson	Cities...	99	7	10	15	16	8	6	8	4	8	5	6	12
	Towns...	199	15	24	32	19	17	13	15	9	16	10	13	16
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	298	22	34	47	29	25	19	23	13	24	15	19	28
Winnebago	Cities...	302	26	16	26	19	29	20	24	23	30	28	26	35
	Towns...	96	10	14	6	7	6	11	12	9	8	10	6	3
	Country	78	9	6	7	6	2	7	6	8	7	8	5	7
	Total.	476	45	36	39	32	37	38	42	40	45	46	31	45
Woodford.....	Cities...	51	2	5	5	8	8	2	5	5	2	1	5	5
	Towns...	230	20	11	23	17	14	24	21	21	24	26	15	14
	Country	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	281	22	16	26	25	22	26	26	26	26	27	20	19

TABLE XXXII.—*Births reported during the Year 1882. NATIONALITY OF PARENTS. "F," fathers. "M," mothers.*

The State and Counties.		All nation- alities.....	American..	British American.	English.....	Irish.....	Scotch.....	German...	Scandin- avian.....	Polish.....	French.....	Italians.....	Miscellane- ous.....	Not given.
Illinois.....	F M.	46,978 46,978	25,060 27,128	594 568	1,374 1,083	2,701 2,475	392 329	10,281 9,172	2,559 2,544	459 412	276 214	150 137	1,764 1,653	1,368 1,263
Adams.....	F M.	736 736	429 443	1	5 5	7 8	3 2	270 265			2		3	16 11
Bond.....	F M.	358 358	268 306	2	7 2	4		49 41	1		4 1		21 7	2 1
Boone.....	F M.	153 158	117 121		15 8	9 10	3 3	9 8	2 4				3 1	
Brown.....	F M.	174 174	153 155		4	5 4		10 10						2 5
Bureau.....	F M.	453 453	309 320	1	17 20	18 14	5 9	49 43	45 43		3 2			6
Carroll.....	F M.	249 249	182 193	6 5	3 5	6 5	3 1	30 23	3 1		1		1	15 15
Christian..	F M.	493 493	380 395	1	14 6	15 21	3 1	53 50	1 1	1	4 4		8 3	13 12
Clark.....	F M.	388 388	289 302	1 1	3	8 6	1	18 15					2	66 64
Clay.....	F M.	260 260	252 252					8 8						
Coles.....	F M.	555 555	525 535		2 1	10 9		13 7						5 3
Cook.....	F M.	16,464 16,464	3,299 4,081	388 498	532 455	1,732 1,618	147 117	6,108 5,686	1,686 1,692	427 389	77 65	140 131	1,411 1,438	487 374
Cumberl'nd	F M.	252 252	219 218		13 15	5 2	1	12 16					1 1	1
DeKalb....	F M.	259 259	168 179	8 9	11 4	17 15	1 3	30 22	10 14		6 5		2 3	6 5
DeWitt.....	F M.	233 233	214 218	2 2	3 2	6 3		4 6	2 1	2				
Douglas...	F M.	358 353	336 339		1 1	4 3		16 14				1		
DuPage.....	F M.	259 259	98 109	2 3	16 10	3 5	3 2	123 118	5 3		2		5 4	2 3
Edgar.....	F M.	506 506	465 468		2 7	9 7		10 6			1		2 1	16 15
Edwards...	F M.	231 234	278 207	2	24 9	3 1	1	24 16					2 1	
Effingham..	F M.	191 191	111 119			2 1	3	60 53			1		1 1	13 15
Fayette....	F M.	292 292	246 251		2 2	5 5	3 2	33 28					2 2	

Table XXXII.—Continued.

The State and Counties,	nat- alites.....	American..	British American.	English...	Irish.....	Scotch....	German...	Scandin- avian....	Polish....	French....	Italians...	Miscellane- ous.....	Not given.
Ford.....	F. 333 M. 333	195 202	..... .....	21 19	12 13	5 2	26 26	56 58	..... .....	8 5	..... .....	8 6	2 2
Franklin...	F. 247 M. 247	242 244	..... .....	1 .....	..... .....	..... .....	2 2	..... .....	..... .....	..... .....	..... .....	..... .....	2 1
Fulton.....	F. 369 M. 369	189 193	..... .....	10 8	2 3	1	7 6	..... .....	..... .....	1 1	..... .....	5 1	155 156
Gallatin...	F. 234 M. 234	221 226	..... 1	1	2 .....	..... .....	5 4	..... .....	..... .....	1 1	..... .....	1	4 2
Greene.....	F. 214 M. 214	190 203	..... .....	3 2	4 1	..... 1	10 4	..... .....	..... .....	1 .....	..... .....	4 2	2 1
Grundy....	F. 178 M. 178	92 9	..... .....	15 12	18 16	17 17	19 21	9 7	..... .....	3 2	2 1	..... .....	3 5
Hamilton...	F. 345 M. 345	319 334	..... .....	1 1	3 2	..... .....	12 7	..... .....	..... .....	..... .....	..... .....	..... .....	10 1
Hancock...	F. 494 M. 494	406 429	..... .....	8 6	9 4	..... 1	54 47	3 2	..... .....	7 2	..... .....	3 3	4
Henderson	F. 185 M. 185	113 110	1	4 2	12 12	..... .....	7 3	6 11	..... .....	..... .....	..... .....	1 1	41 46
Henry.....	F. 576 M. 576	283 291	7 6	28 28	18 18	10 14	80 67	115 121	..... .....	1 .....	..... .....	22 19	12 12
Iroquois...	F. 529 M. 529	362 405	39 29	13 13	16 7	3	58 47	6 4	..... .....	2	7	14 20	9 4
Jasper.....	F. 380 M. 380	342 347	1	3 1	1 1	1	20 14	1 .....	..... .....	2 1	..... .....	..... .....	9 16
JoDavies..	F. 166 M. 166	95 99	3	17 11	6 4	..... .....	43 34	..... .....	..... .....	..... .....	..... .....	2 .....	..... 18
Johnson...	F. 279 M. 279	267 256	..... .....	..... 1	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	12 22
Kankakee..	F. 571 M. 571	238 247	26 25	22 26	24 25	4 4	174 170	15 7	2 2	49 59	..... .....	9 3	8 3
Kendall....	F. 194 M. 194	133 144	4 2	7 3	7 7	1 2	16 12	25 21	..... .....	..... .....	..... .....	..... 1	1 2
Knox.....	F. 520 M. 520	334 344	4 4	16 7	12 13	4 4	18 96	97 .....	..... .....	..... .....	..... .....	3	32 47
Lake.....	F. 194 M. 194	107 114	4 1	19 15	15 12	3 1	31 31	..... .....	..... .....	1 .....	..... .....	13 13	2 6
LaSalle....	F. 1,010 M. 1,010	413 475	15 11	82 72	80 82	29 30	289 251	53 44	5 3	12 12	..... 1	11 6	21 23
Lawrence..	F. 321 M. 321	314 319	..... .....	..... .....	2 1	..... .....	3 .....	..... .....	..... .....	2 1	..........	..........	..........
Lee.....	F. 219 M. 219	122 129	..... .....	9 6	43 39	..... 1	29 30	11 9	..... .....	4 .....	..... .....	..... 3	1 2
Livingston.	F. 406 M. 406	232 268	..... .....	23 13	25 24	8 8	82 68	19 .....	..... 1	8 2	..... .....	10 7	4 5
Logan.....	F. 329 M. 329	188 201	..... 2	13 15	21 29	9 5	73 72	4	1	5 .....	..... .....	2	13 5
Macon.....	F. 541 M. 541	464 478	2 1	9 7	30 23	2	22 22	..... .....	2 1	5 .....	..... .....	2 2	3 7
Marion.....	F. 360 M. 360	308 324	..... .....	3 1	17 10	..... .....	27 19	..... .....	2 1	1 1	..... .....	2 3	..........

Table XXXII.--Continued.

The State and Counties.	All nationalities.	American.	British American.	English.	Irish.	Scottish.	German.	Scandinavian.	Polish.	French.	Italians.	Miscellaneous.	Not given.
Marshall... F. M.	279 279	214 228	2 1	11 5	11 11	3 1	35 29	3 4					
ason F. M.	178 178	118 122		4 7	6 8	1	46 39					2 1	1 1
Massac.... F. M.	88 88	68 71					15 17						5
McHenry .. F. M.	172 172	112 108	4 4	3 4	12 15	1 3	37 35	3 2					1
McLean.... F. M.	764 764	532 555	2 2	13 13	35 33	7 6	184 111	1 1	1 1	6 11		38 26	6 6
Menard F. M.	219 219	169 183	2 2	4 2	9 7	2 1	24 18	1 3					8 3
Mercer..... F. M.	283 283	175 174		16 14	12 8	1	10 12	12 11					57 64
Monroe F. M.	390 390	256 315		2	2		125 69					5 6	
Montgom'ry F. M.	659 659	529 562	1 2	17 13	14 11	6 1	82 62			2 1		7 7	1
Moultrie ... F. M.	296 296	287 288	1	1	3		5 4	1					1 1
Ogle..... F. M.	150 150	99 103	3	7 3	1	2 1	21 19	2 3		1		5 3	11 16
Peoria F. M.	1,166 1,166	679 752	12 10	30 25	82 70	14 7	263 224	19 25	8 7	6 4		16 12	37 30
Perry..... F. M.	179 179	141 156		6	3 2	2	23 20						4 1
Piatt F. M.	190 190	151 155		5 3	4 2	1 2	11 12	1				2	13 16
ke..... F. M.	336 336	294 310	1	10 6	10 7		14 12	2				2 1	3
pe..... F. M.	290 290	272 272					18 18						
Pulaski F. M.	6 6	6 6											
Putnam.... F. M.	50 50	32 35		2	1 2		13 12	1 1					1
Randolph.. F. M.	427 427	279 328		6 3	8 3	7 3	107 76	1 2	2 2			5 1	10 8
Riehland .. F. M.	255 255	197 209	1	1			18 9					5 2	33 35
Rock Isl'nd F. M.	593 593	259 293	3 7	24 23	22 15	4 4	140 121	112 108	1 1	2 1	3	17 9	10 8
Saline..... F. M.	83 83	82 82					1 1						
Sangamon. F. M.	738 738	472 536	7	28 23	73 62	2 2	124 90	11 13				2 1	19 11
Schuyler... F. M.	215 215	186 190		1 1	3		7 5					1	18 17
Scott..... F. M.	142 142	109 118	1	14 10	5 4		11 6						2 2

Table XXXII.—Continued.

The State and Counties.		All nation- alities.....	American.	British American.	English....	Irish.....	Scottish....	German...	Scandinavian.....	Polish.....	French.....	Italians.....	Miscellaneous.....	Not given.
Shelby	F. 458 M. 458	458 458	390 398	1 2	13 5	5 7	1 5	24 18	..... 1	1 .....	..... .....	..... .....	8 3	15 19
Stark	F. 75 M. 75	75 75	55 54	..... .....	4 6	7 6	3 7	..... 1	-1 1	..........	..........	..........	..........	..........
St. Clair ...	F. 1,109 M. 1,109	1,109 1,109	618 765	4 1	41 32	16 12	13 8	375 259	1 1	1	21 13	..... .....	9 5	10 13
Stephenson	F. 560 M. 560	560 560	360 364	6 5	2 4	10 7	1	169 155	3 6	1	1 .....	..... .....	1 1	6 18
Tazewell ..	F. 427 M. 427	427 427	278 306	2 9	9 2	9 9	9 1	104 83	2 .....	..... .....	5 3	..... .....	9 4	9 10
Union	F. 321 M. 321	321 321	298 312	..... .....	3	2 2	3 1	11 3	..... .....	..... .....	..... .....	..... .....	1	3 3
Vermilion .	F. 534 M. 534	534 534	458 487	3 2	9 4	8 1	3 2	25 19	6 9	..... .....	5 1	..... .....	7 5	10 4
Wabash....	F. 242 M. 242	242 242	214 230	..... .....	4 3	2 .....	..... .....	22 9	..........	..........	..........	..........	..........	..........
Warren	F. 442 M. 442	442 442	363 386	2 5	17 5	19 12	4 4	8 5	25 24	..... .....	..... .....	..... .....	..... .....	4 1
Wayne.....	F. 434 M. 434	434 434	410 417	..... .....	2 1	2 .....	..... .....	5 5	..... .....	..... .....	..... .....	..... .....	2	13 11
White	F. 652 M. 652	652 652	540 523	..... .....	12 18	14 17	1 6	54 52	..... .....	..... .....	2 .....	..... .....	3	28 34
Whiteside .	F. 455 M. 455	455 455	297 330	7 2	21 6	24 19	6 6	75 77	13 13	..... .....	2 .....	..... .....	2 3	8 9
Williamson	F. 298 M. 298	298 298	266 282	..... .....	..... .....	1	4 3	12 7	..... .....	1	1 .....	..... .....	..... .....	14 5
Winnebago	F. 476 M. 476	476 476	215 227	8 1	26 19	16 20	22 19	15 16	171 168	..... .....	2 .....	..... .....	2	1 2
Woodford..	F. 281 M. 281	281 281	173 206	1	4 2	5 5	..... .....	72 54	..... .....	1 1	11 6	..... .....	7 6	7 1

TABLE XXXIII.—*Births reported during the Year 1882: GROUPED AGES OF PARENTS. "F," father; "M," mother.*

The State and Counties.		All ages.	Under 15.	16-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	Over 55.	Not given.
Illinois.....	F. 46,978 M. 46,978	..... 31	208 5,002	8,216 13,546	12,321 11,586	10,003 8,006	7,367 4,922	4,218 1,717	1,871 232	775 23	351 2	1,648 1,891
Adams.....	F. 736 M. 736	..... .....	1	207 274	157 186	125 139	89 83	60 1	42	11	3	41 53
Bond.....	F. 358 M. 358	..... .....	3 42	60 115	93 76	86 50	50 43	31 14	15	8	2	10 18
Boone.....	F. 158 M. 158	..... .....	..... 12	27 59	48 33	29 22	25 20	11 5	5	2	3	5 7
Brown.....	F. 174 M. 174	..... .....	3	32 21	38 54	37 40	25 28	16 14	4 10	7 1	2	10 6
Bureau.....	F. 453 M. 453	..... 5	5 53	68 145	145 103	91 74	54 38	45 16	19 1	9	4	13 18
Carroll.....	F. 249 M. 219	..... .....	1 21	30 76	81 59	49 38	31 21	17 11	11 1	8	1	20 22
Christian.....	F. 493 M. 493	..... .....	2 53	53 128	126 113	93 67	83 44	52 25	19	8	4	53 63
Clark.....	F. 388 M. 388	..... .....	1 50	76 126	98 74	78 63	52 38	33 11	12	7	7	24 26
Clay.....	F. 260 M. 260	..... 2	11 66	60 62	53 54	41 31	32 23	18 5	15	10	8	12 17
Coles.....	F. 555 M. 555	..... 1	3 85	132 151	136 108	103 86	80 50	39 21	26 1	12	5	19 52
Cook.....	F. 16,464 M. 16,464	..... .....	..... 1,681	3,032 5,002	4,549 4,373	3,719 3,010	3,000 1,828	1,442 454	539 24	138	51 2	..... .....
Cumberland.....	F. 252 M. 252	..... 1	2 43	31 67	64 73	75 43	42 12	24 2	4	3 .....	..... .....	7 11
DeKalb.....	F. 259 M. 259	..... .....	1 24	31 48	59 80	56 44	57 29	23 8	7	2	8	15 26
DeWitt.....	F. 233 M. 233	..... .....	3 29	46 80	49 49	65 33	23 17	23 8	8 2	6	2	8 15
Douglas.....	F. 358 M. 358	..... 1	5 51	63 114	168 81	76 52	50 32	30 10	18 4	2	1	5 13
DuPage.....	F. 259 M. 259	..... .....	..... 15	42 77	52 65	62 49	42 24	29 15	13	3	3	13 14
Edgar.....	F. 506 M. 506	..... .....	..... 54	85 155	130 119	110 66	85 52	36 18	19 1	5	5	31 41
Edwards.....	F. 234 M. 234	..... .....	..... 28	52 69	51 50	54 50	39 23	20 11	10	4	1	3 3
Effingham.....	F. 191 M. 191	..... 1	2 23	35 63	48 41	39 30	27 22	20 8	11	3	3	3 3
Fayette.....	F. 292 M. 292	..... .....	58 35	73 84	43 62	51 39	20 22	21 16	2	9 .....	..... .....	15 34
Ford.....	F. 333 M. 333	..... .....	2 40	47 89	78 78	89 66	54 40	35 8	10	5	3	10 12

Table XXXIII.—Continued.

The State and Counties.	All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Franklin.....	F. 217	.....	3	41	59	41	48	16	16	5	1	17
	M. 247	.....	37	57	52	44	28	7	2	.....	.....	20
Fulton.....	F. 369	.....	3	59	97	80	52	26	6	9	4	33
	M. 369	.....	38	163	96	61	46	17	.....	.....	.....	8
Gallatin.....	F. 234	.....	.....	42	60	47	34	16	9	7	1	18
	M. 231	.....	31	67	62	31	17	8	1	.....	.....	17
Greene.....	F. 214	.....	.....	43	57	50	23	16	12	3	.....	10
	M. 214	.....	28	71	41	24	19	8	1	.....	.....	22
Grundy.....	F. 178	.....	1	29	49	44	20	17	12	1	2	3
	M. 178	.....	16	62	43	27	21	5	.....	.....	.....	4
Hamilton.....	F. 345	.....	8	76	80	70	29	23	14	10	2	33
	M. 345	1	49	106	83	37	22	11	1	.....	.....	35
Hancock.....	F. 494	.....	1	88	130	93	85	45	20	11	4	17
	M. 494	1	52	161	113	86	45	21	1	.....	.....	14
Henderson.....	F. 185	.....	.....	23	53	37	33	19	9	9	2	.....
	M. 185	1	22	48	37	29	29	16	2	.....	.....	1
Henry.....	F. 576	.....	1	88	155	112	99	60	27	9	5	20
	M. 576	.....	53	177	130	103	60	26	3	.....	.....	24
Iroquois.....	F. 529	.....	1	87	160	93	78	54	26	14	4	12
	M. 529	.....	57	179	119	79	58	20	3	.....	.....	14
Jasper.....	F. 380	.....	4	69	112	75	53	27	12	7	3	18
	M. 380	3	92	98	71	45	32	8	1	.....	.....	30
JoDavies.....	F. 166	.....	.....	24	41	49	22	23	6	4	.....	6
	M. 166	.....	13	46	37	38	17	8	.....	.....	.....	7
Johnson.....	F. 279	.....	5	60	86	41	30	20	15	10	4	8
	M. 279	2	50	77	62	41	21	18	3	.....	.....	5
Kankakee.....	F. 571	.....	7	80	162	112	79	51	34	12	7	27
	M. 571	4	60	165	132	95	47	24	8	.....	.....	36
Kendall.....	F. 194	.....	.....	28	53	48	22	15	6	7	1	14
	M. 194	.....	13	59	55	24	24	2	.....	.....	.....	17
Knox.....	F. 520	.....	2	72	116	103	89	61	30	7	4	36
	M. 520	.....	33	124	130	100	54	29	2	.....	.....	48
Lake.....	F. 194	.....	.....	24	39	38	38	16	9	5	6	19
	M. 194	1	10	43	45	42	27	10	1	.....	.....	15
LaSalle.....	F. 1,010	.....	3	146	284	224	168	100	31	14	13	27
	M. 1,010	.....	93	280	268	157	107	39	3	.....	.....	63
Lawrence.....	F. 321	.....	.....	79	65	48	29	30	19	15	2	34
	M. 321	.....	88	107	62	25	14	8	.....	.....	.....	17
Lee.....	F. 219	.....	.....	55	62	50	18	23	10	1	.....	.....
	M. 219	.....	22	66	53	39	17	10	2	.....	.....	10
Livingston.....	F. 406	.....	2	54	124	85	57	40	25	3	2	14
	M. 406	.....	34	138	96	66	45	10	.....	.....	.....	17
Logan.....	F. 329	.....	3	45	89	68	59	33	9	9	4	10
	M. 329	.....	.....	44	81	78	60	34	12	6	.....	14
Macon.....	F. 541	.....	7	97	159	107	72	46	25	10	6	12
	M. 541	1	65	167	135	72	56	15	2	.....	.....	28
Marion.....	F. 360	.....	4	72	103	72	45	30	12	7	4	11
	M. 360	.....	56	106	93	52	28	12	1	.....	.....	12
Marshall.....	F. 279	.....	3	40	71	55	52	29	16	6	5	2
	M. 279	.....	31	82	80	45	30	8	1	.....	.....	2

Table XXXIII.—Continued.

The State and Counties.		All ages.....	Under 15.....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Mason	F. 178	178	.....	18	31	41	33	21	21	11	6	1	13
	M. 178	.....	.....	.....	53	33	23	23	12	2	.....	.....	14
Massac	F. 88	88	.....	.....	15	26	21	8	3	6	5	1	3
	M. 88	.....	20	.....	21	23	6	2	2	.....	.....	.....	14
McHenry	F. 172	172	.....	.....	23	53	39	28	14	5	2	1	7
	M. 172	.....	14	.....	62	42	27	12	7	.....	.....	.....	8
McLean	F. 764	764	.....	.....	132	193	136	114	82	37	20	5	45
	M. 764	.....	78	.....	227	169	114	102	28	4	.....	.....	42
Monard	F. 219	219	.....	3	26	50	49	29	26	10	4	2	20
	M. 219	.....	23	.....	58	57	38	17	7	.....	.....	.....	19
Mercer	F. 283	283	.....	.....	48	74	65	39	23	6	12	2	14
	M. 283	.....	33	.....	78	67	37	36	8	.....	.....	.....	24
Monroe	F. 390	390	.....	.....	50	111	93	60	35	12	10	6	13
	M. 390	.....	33	.....	122	104	64	41	7	3	.....	.....	16
Montgomery	F. 659	659	.....	.....	116	181	131	90	66	37	19	6	13
	M. 659	.....	77	.....	196	164	122	67	77	.....	.....	.....	16
Moultrie	F. 296	296	.....	3	50	83	57	56	23	10	4	2	8
	M. 296	.....	44	.....	94	72	45	24	7	.....	.....	.....	10
Ogle	F. 150	150	.....	1	25	32	36	17	16	7	1	2	13
	M. 150	.....	21	.....	36	27	30	18	3	.....	.....	.....	15
Peoria	F. 1,166	1,166	.....	2	183	189	238	163	85	42	13	12	139
	M. 1,166	.....	113	.....	331	275	265	111	28	3	.....	.....	40
Perry	F. 179	179	.....	.....	33	51	34	24	10	7	6	2	12
	M. 179	.....	10	.....	60	38	26	14	4	1	.....	.....	26
Piatt	F. 190	190	.....	1	33	48	45	30	13	6	5	.....	9
	M. 190	.....	28	.....	58	41	33	18	3	1	.....	.....	8
Pike	F. 336	336	.....	1	59	100	47	42	22	23	8	4	30
	M. 336	.....	38	.....	95	72	46	36	15	3	.....	.....	31
Pope	F. 290	290	.....	.....	34	67	64	39	29	12	11	.....	34
	M. 290	.....	49	.....	69	59	47	36	13	1	.....	.....	16
Pulaski	F. 6	6	.....	.....	.....	2	1	1	.....	1	.....	.....	1
	M. 6	.....	.....	.....	1	1	1	1	1	.....	.....	.....	1
Putnam	F. 50	50	.....	.....	9	17	9	7	2	2	1	.....	3
	M. 50	.....	.....	.....	24	11	9	2	2	2	.....	.....	2
Randolph	F. 427	427	.....	.....	52	97	96	68	42	10	13	5	44
	M. 427	.....	27	.....	124	109	56	49	22	1	.....	.....	42
Riechland	F. 255	255	.....	1	34	58	34	37	28	21	9	2	32
	M. 255	.....	22	.....	59	43	41	24	18	3	.....	.....	45
Rock Island	F. 593	593	.....	3	84	151	130	103	54	32	10	5	21
	M. 593	.....	.....	.....	65	181	150	84	73	22	3	.....	15
Saline	F. 83	83	.....	.....	14	21	13	9	11	5	1	1	8
	M. 83	.....	.....	.....	10	21	23	8	10	1	.....	.....	10
Sangamon	F. 738	738	.....	2	73	171	153	112	79	37	17	5	89
	M. 738	.....	60	.....	167	185	131	79	25	3	.....	.....	88
Schuyler	F. 215	215	.....	3	41	41	52	22	18	10	4	2	19
	M. 215	.....	27	.....	58	38	40	16	11	1	.....	.....	24
Scott	F. 142	142	.....	1	24	33	25	18	21	8	2	1	9
	M. 142	.....	1	.....	22	35	33	25	10	6	.....	.....	9
Shelby	F. 458	458	.....	2	93	111	92	54	48	24	10	2	22
	M. 458	.....	2	.....	59	125	101	69	46	3	.....	.....	34

Table XXXIII.—Continued.

The State and Counties.		All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Stark	F.	75			13	19	12	17	4	5	2		3
	M.	75		3	20	17	14	13					6
St. Clair	F.	1,109		1	156	230	239	198	146	68	34	16	21
	M.	1,109			164	283	254	183	128	61	13		23
Stephenson	F.	560		2	95	157	109	62	58	24	5	4	44
	M.	560		47	159	133	71	48	18				77
Tazewell	F.	427		1	77	105	102	55	33	20	16	6	12
	M.	427	2	51	139	107	66	28	16	3			15
Union	F.	321			62	68	66	35	31	14	4	2	39
	M.	321	1	37	105	63	47	24		1			41
Vermilion	F.	534			115	125	132	65	47	22	4	8	16
	M.	534		80	175	118	71	47	12	8			23
Wabash	F.	242		2	46	61	56	34	21	9	2	2	6
	M.	242		28	72	54	40	26	4				18
Warren	F.	442			65	128	105	63	45	15	5	5	11
	M.	442		185	111	86	41	12					7
Wayne	F.	434		4	63	104	97	55	31	13	8	8	51
	M.	434			59	103	80	60	39	8			85
White	F.	652			181	150	122	73	53	24	11	5	32
	M.	652		148	175	148	93	45	20	4			19
Whiteside	F.	455			65	143	101	69	35	14	12	4	12
	M.	455		54	127	123	70	41	22	4			14
Williamson	F.	298		12	58	65	53	36	18	15	4	3	34
	M.	298		40	76	63	45	26	13	2			33
Winnebago	F.	476		1	89	122	98	76	39	21	11	11	8
	M.	476		38	124	140	71	60	21	11			11
Woodford	F.	281		1	44	71	57	44	21	16	7	3	17
	M.	281		27	87	70	43	20	17	1			16

TABLE XXXIV.—*Births reported during the Year 1882: NUMBER OF CHILD OF MOTHER.*

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more....	Not given..
Illinois.....	46,978	11,784	8,480	6,599	5,341	4,203	3,214	2,252	1,608	1,125	712	794	866
Adams.....	736	174	144	112	101	77	44	27	13	10	7	7	20
Bond.....	358	92	56	59	40	23	29	19	15	10	8	4	3
Boone.....	158	56	30	24	14	7	10	5	4	2	3	1	2
Brown.....	174	43	36	27	20	9	12	10	10	4	5	1	1
Bureau.....	453	117	107	67	43	36	27	15	9	6	5	10	11
Carroll.....	244	67	51	40	28	17	13	5	7	5	3	4	9
Christian.....	493	84	93	65	65	46	36	19	20	12	6	14	33
Clark.....	388	96	78	53	42	29	29	16	17	10	4	5	9
Clay.....	260	24	26	39	33	42	25	19	18	9	6	8	11
Coles.....	555	136	97	77	66	53	37	24	16	21	12	3	13
Cook.....	16,464	4,413	2,879	2,218	1,866	1,553	1,212	822	587	384	247	233	6
Cumberland.....	232	62	48	39	31	28	15	6	5	7	12	3	6
DeKalb.....	259	64	56	36	28	18	17	11	6	4	3	3	13
DeWitt.....	233	60	39	31	40	18	15	10	6	3	3	3	2
Douglas.....	358	92	57	67	38	31	21	19	16	6	6	2	3
DuPage.....	259	65	36	40	35	27	26	12	7	3	12	3	3
Edgar.....	506	112	93	88	60	44	31	21	14	23	16	4	.....
Edwards.....	334	43	46	30	29	39	17	15	4	8	12	1	.....
Ellingham.....	191	49	28	26	14	20	19	12	10	8	12	3	.....
Fayette.....	252	75	41	37	38	21	17	27	6	7	8	7	8
Ford.....	333	79	58	46	49	35	16	17	10	9	12	2	16
Franklin.....	247	48	36	38	28	20	24	11	14	7	3	10	8
Fulton.....	369	80	67	52	46	28	23	14	13	8	8	10	20
Gallatin.....	234	40	49	37	26	18	8	20	7	6	3	4	16
Greene.....	214	51	45	35	24	12	12	13	6	3	12	5	6
Grundy.....	178	44	40	16	26	16	9	11	3	5	2	4	2
Hamilton.....	345	75	50	60	38	26	23	12	16	13	3	4	20
Hancock.....	494	136	96	66	59	36	23	25	23	4	8	9	9
Henderson.....	185	39	43	24	16	8	16	11	7	5	8	6	2
Henry.....	576	160	101	86	52	51	36	20	23	11	4	11	21
Iroquois.....	529	111	102	75	56	46	35	26	16	13	8	11	30
Jasper.....	380	89	79	59	38	27	26	25	10	6	4	6	11
Jo Daviess.....	166	32	41	21	12	19	10	10	12	2	.....	3	4
Johnson.....	279	72	43	35	42	22	24	15	9	4	3	6	4
Kankakee.....	571	151	118	67	83	49	29	23	11	10	9	16	14
Kendall.....	194	49	44	33	20	16	5	13	4	1	2	1	6
Knox.....	520	144	92	75	56	50	27	28	13	11	5	1	18
Lake.....	194	49	31	26	29	18	5	8	3	5	5	5	10
LaSalle.....	1,010	251	210	150	106	81	67	43	27	16	21	19	19
Lawrence.....	321	44	50	43	36	45	30	22	16	14	8	3	10
Lee.....	249	81	32	39	25	9	10	9	4	2	1	.....	7
Livingston.....	406	115	79	41	42	30	29	18	12	6	5	15	14
Logan.....	329	85	53	51	38	32	20	14	11	9	8	4	4
Macon.....	541	142	101	85	62	42	44	15	16	11	6	9	8
Marion.....	360	89	73	53	47	27	24	19	13	8	7	6	3
Marshall.....	279	79	51	39	30	29	20	18	4	7	5	1	1
Mason.....	178	32	34	29	18	12	9	11	6	4	3	3	18
Massac.....	88	15	15	7	7	5	5	5	1	.....	1	2	2
McHenry.....	172	62	30	23	19	12	9	5	3	3	3	.....	2
McLean.....	764	182	136	105	84	72	61	37	25	9	12	16	25
McNard.....	219	50	39	26	24	26	16	8	12	5	1	5	7
Morcer.....	283	72	54	40	37	30	19	5	10	5	4	6	2
Monroe.....	390	99	65	41	49	35	37	19	16	18	8	.....	3
Montgomery.....	659	157	125	87	86	59	33	29	23	31	10	9	19
Moultrie.....	296	81	57	44	30	21	18	13	9	6	3	6	8
Ogle.....	150	40	25	27	11	13	8	7	2	5	3	2	7

Table XXXIV—Continued.

The State and Counties.	All num- bers.....	1.	2.	3.	4	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not given.
Peoria.....	1,166	330	205	148	134	87	75	48	25	23	11	16	59
Perry.....	179	33	34	35	22	17	12	4	4	4	1	3	10
Piatt.....	190	51	39	31	20	16	6	9	8	3	1	3	3
Pike.....	336	89	59	49	29	33	27	13	9	9	6	7	6
Pope.....	290	65	42	34	39	31	25	17	12	14	3	3	5
Pulaski.....	6	1	.....	1	.....	.....	.....	.....	1	1	.....	1	1
Putnam.....	50	12	11	8	3	7	1	2	4	1	1	.....	.....
Randolph.....	427	80	72	74	48	40	28	23	13	19	7	10	13
Richland.....	255	45	39	34	28	21	21	20	9	8	9	6	15
Rock Island.....	593	136	111	100	67	67	37	26	17	9	5	7	11
Saline.....	83	23	11	11	11	4	3	9	3	2	3	2	1
Sangamon.....	738	159	141	97	90	57	46	35	46	22	16	11	18
Schnyler.....	215	54	39	27	16	10	14	16	7	7	5	6	14
Scott.....	142	39	14	26	16	16	10	7	5	3	1	4	1
Shelby.....	458	88	88	75	63	40	17	25	21	13	6	7	15
Stark.....	75	16	14	16	6	5	6	5	2	1	1	2	1
St. Clair.....	1,109	233	174	141	123	126	86	62	47	40	33	25	19
Stephenson.....	560	153	104	83	52	37	31	22	23	10	5	15	25
Tazewell.....	427	108	97	55	36	26	29	20	15	12	9	11	9
Union.....	321	57	65	41	28	27	22	16	8	10	7	5	35
Vermilion.....	534	146	105	75	62	52	28	15	13	12	9	6	11
Wabash.....	242	50	57	35	23	29	16	11	6	7	.....	4	4
Warren.....	442	122	76	82	53	20	21	28	16	6	.....	8	4
Wayne.....	434	93	64	50	57	51	34	18	11	8	9	5	34
White.....	652	163	113	91	87	57	51	29	29	12	.....	7	13
Whiteside.....	455	126	92	70	44	32	23	24	14	14	2	2	7
Williamson.....	293	53	53	47	31	28	24	19	14	11	4	9	5
Winnebago.....	476	153	107	62	47	31	29	17	15	11	10	7	7
Woodford.....	281	71	50	42	21	27	20	8	10	5	9	10	5

TABLE XXXV.—*Births reported during the year 1883: BY MONTHS, SEX SPECIFIED.*

The State and Counties.	The year.	January...	February	March	April	May	June	July	August	September	October ...	November,	December.
Illinois.....	M..... 23,635	2150	1981	2129	1936	1793	1777	1916	2038	2100	1978	1864	1952
	F..... 22,541	2005	1913	2030	1851	1768	1740	1783	1876	2031	1851	1796	1870
	Total	46,179	4155	3924	4150	3787	3561	3517	3699	3944	4131	3829	3822
Adams.....	M..... 373	30	32	25	24	27	26	26	24	26	35	50	48
	F..... 386	30	35	25	26	29	31	25	24	27	34	52	48
	Total	759	60	67	50	56	57	51	48	53	69	102	96
Bond.....	M..... 191	12	18	17	14	20	8	14	20	12	18	15	23
	F..... 191	17	11	26	12	21	11	12	22	17	11	11	20
	Total	382	29	29	43	26	41	19	26	42	29	26	43
Boone.....	M..... 79	9	8	10	5	12	4	5	4	5	11	8	8
	F..... 79	10	5	8	6	4	4	11	5	7	4	7	8
	Total	158	19	13	18	11	6	8	16	9	12	15	16
Brown.....	M..... 81	13	4	9	17	12	7	4	3	6	7	5	4
	F..... 77	15	8	4	16	4	5	3	2	11	6	12	1
	Total	158	28	12	33	6	12	7	5	17	13	17	5
Bureau.....	M..... 247	22	20	23	25	29	16	15	16	25	19	16	21
	F..... 231	25	19	22	16	15	17	16	23	26	23	15	14
	Total	478	47	39	45	41	44	33	39	51	42	31	35
Carroll.....	M..... 128	14	20	7	21	4	8	23	4	10	3	5	9
	F..... 116	17	15	2	17	10	3	17	4	14	2	4	11
	Total	244	31	35	9	38	14	11	8	24	5	9	20
Christian.....	M..... 204	15	20	23	27	9	16	20	15	13	18	13	15
	F..... 195	19	20	15	9	14	12	15	21	25	22	17	6
	Total	399	34	40	38	23	28	35	36	38	40	30	21
Clark.....	M..... 198	20	6	17	13	19	17	23	27	21	16	7	12
	F..... 193	11	16	10	22	17	19	18	13	17	18	15	8
	Total	391	31	22	36	36	36	41	40	38	34	22	20
Clay.....	M..... 222	29	12	27	26	8	5	14	30	23	19	3	26
	F..... 207	23	14	25	13	5	8	12	22	29	20	10	26
	Total	429	52	26	52	39	13	13	26	52	39	13	52

Table XXXV.—Continued.

The State and Counties.	The Year.	January....	February...	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November.	December.
Coles.....M.....	278	21	23	25	26	24	25	21	16	24	26	19	28
.....F.....	323	24	20	38	28	30	20	26	22	22	34	22	37
Total	601	45	43	63	54	54	45	47	38	46	60	41	65
Cook.....M.....	8,920	828	717	771	740	672	653	798	852	802	698	679	710
.....F.....	8,491	749	718	694	696	670	658	721	747	758	712	646	723
Total	17,411	1577	1435	1464	1436	1342	1311	1519	1599	1560	1410	1325	1433
Cumberland...M.....	178	10	12	12	23	17	13	10	8	24	18	17	13
.....F.....	171	15	17	8	13	10	12	22	7	16	17	16	18
Total	349	25	29	20	37	27	25	32	15	40	35	33	31
DeKalb.....M.....	130	10	11	10	12	8	13	12	11	6	9	10	18
.....F.....	154	13	12	11	8	15	14	17	9	8	16	13	18
Total	284	23	23	21	20	23	27	29	20	14	25	23	36
DeWitt.....M.....	113	3	8	16	10	15	6	6	9	12	9	6	13
.....F.....	95	10	7	8	15	10	10	4	6	9	4	3	9
Total	208	13	15	24	25	25	16	10	15	21	13	9	22
Douglas.....M.....	148	27	18	11	6	7	17	21	6	5	6	11	13
.....F.....	160	19	21	16	7	6	21	18	7	8	7	15	15
Total	308	36	39	27	13	13	38	39	13	13	13	26	28
DuPage.....M.....	118	10	8	9	11	7	13	12	15	6	9	10	8
.....F.....	115	9	11	13	10	6	7	9	12	13	8	5	12
Total	233	19	19	22	21	13	20	21	27	19	17	15	20
Edgar.....M.....	318	51	27	26	20	11	34	17	31	40	29	16	16
.....F.....	281	36	26	14	20	13	23	17	41	27	26	17	21
Total	599	87	53	40	40	24	57	34	72	67	55	33	37
Edwards.....M.....	152	14	10	11	19	12	9	13	13	13	17	14	7
.....F.....	131	18	6	14	11	7	7	12	14	14	10	4	14
Total	283	32	16	25	30	19	16	25	27	27	27	18	21
Effingham.....M.....	128	18	12	11	17	9	9	16	5	9	11	4	7
.....F.....	142	21	16	10	22	17	4	10	8	4	15	9	6
Total	270	39	28	21	39	26	13	26	13	13	26	13	13
Fayette.....M.....	136	9	10	18	11	11	9	13	17	9	12	9	8
.....F.....	130	8	17	13	9	12	11	9	16	18	11	11	4
Total	275	17	27	31	20	23	20	22	33	27	23	20	12
Ford.....M.....	94	8	6	8	5	7	8	4	7	8	11	12	10
.....F.....	99	8	7	9	6	8	8	4	7	9	12	12	9
Total	193	16	13	17	11	15	16	8	14	17	23	24	19
Franklin.....M.....	98	12	6	12	6	7	7	4	8	11	11	7	7
.....F.....	85	6	9	11	5	7	10	2	5	9	8	6	7
Total	183	18	15	23	11	14	17	6	13	20	19	13	14

Table XXXV.—Continued.

The State and Counties.	The year ..	January.....	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October.....	November.	December.
Fulton M.....	173	25	12	21	13	16	8	7	22	6	16	11	13
Fulton F.....	171	26	13	25	11	10	26	9	11	4	7	17	12
Total	344	51	25	49	24	26	34	16	33	10	23	28	25
Gallatin M.....	111	10	11	16	7	7	6	6	7	10	10	8	13
Gallatin F.....	117	15	15	11	10	13	7	9	9	11	3	7	7
Total	228	25	26	27	17	20	13	15	16	21	13	15	20
Greene M.....	106	17	5	11	18	13	7	11	5	23	8	8	20
Greene F.....	136	17	10	10	9	13	4	13	9	22	8	7	14
Total	282	34	15	21	27	26	11	24	14	45	16	15	34
Grundy M.....	76	6	7	9	5	8	6	4	7	9	5	4	6
Grundy F.....	97	8	9	8	6	10	6	9	7	8	8	10	8
Total	173	14	16	17	11	18	12	13	14	17	13	14	14
Hamilton M.....	161	17	13	18	15	11	22	9	10	18	11	9	11
Hamilton F.....	191	10	13	27	10	13	24	8	11	20	22	11	22
Total	355	27	26	45	25	24	46	17	21	38	33	20	33
Hancock M.....	205	18	19	19	16	20	18	12	14	11	21	19	18
Hancock F.....	183	15	17	13	12	17	16	14	14	18	15	16	16
Total	388	33	36	32	28	37	34	26	28	29	36	35	34
Henderson M.....	104	7	12	10	8	6	6	9	5	12	10	10	9
Henderson F.....	91	12	10	8	9	8	5	4	8	8	7	6	6
Total	195	19	22	18	17	14	11	13	13	20	17	16	15
Henry M.....	269	23	13	9	12	28	35	17	26	28	17	23	38
Henry F.....	206	14	20	23	14	19	19	9	16	24	17	12	19
Total	475	37	33	32	26	47	54	26	42	52	34	35	57
Iroquois M.....	244	26	16	21	22	8	18	17	22	30	21	15	28
Iroquois F.....	218	21	23	15	20	15	23	20	20	17	9	20	15
Total	462	47	39	36	42	23	41	37	42	47	30	35	43
Jasper M.....	243	15	23	36	13	12	16	19	25	20	26	21	17
Jasper F.....	210	22	20	21	25	21	16	17	18	27	19	15	19
Total	483	37	43	57	38	33	32	36	43	47	45	36	36
JoDavies M.....	61	5	6	5	5	3	7	5	4	6	4	6	5
JoDavies F.....	63	4	8	6	5	4	6	4	7	4	3	7	5
Total	124	9	14	11	10	7	13	9	11	10	7	13	10
Johnson M.....	117	5	5	6	10	10	11	8	8	13	21	20	
Johnson F.....	111	2	6	3	6	8	11	13	8	6	13	16	22
Total	231	7	11	9	16	18	21	21	16	19	34	36	42
Kendall M.....	82	16	6	5	6	5	8	7	2	6	7	7	7
Kendall F.....	50	8	4	5	3	2	2	4	5	3	3	4	7
Total	132	24	10	10	9	7	10	11	7	9	10	11	14

Table XXXV.—Continued.

The State and Counties.	The year..	January....	February..	March	April.....	May.....	June.....	July.....	August...	September	October....	November.	December.
Knox.....M.....	186	15	17	24	8	12	20	10	17	8	19	13	13
Knox.....F.....	193	11	10	41	18	17	20	16	22	3	7	13	13
Total	379	26	27	65	26	39	40	26	39	13	26	26	26
Lake.....M.....	92	13	10	9	4	6	7	9	7	10	7	4	6
Lake.....F.....	91	8	7	6	8	11	3	6	10	10	8	7	7
Total	183	21	17	15	12	17	10	15	17	20	15	11	13
LaSalle.....M.....	492	36	38	40	32	30	38	41	33	51	39	38	36
LaSalle.....F.....	415	35	40	32	37	36	29	43	27	39	38	36	23
Total	847	71	78	72	69	66	67	84	60	70	77	74	59
Lawrence.....M.....	159	12	24	15	19	12	10	6	6	15	16	14	10
Lawrence.....F.....	163	14	15	15	19	14	13	8	10	15	13	17	10
Total	322	26	39	30	38	26	23	14	16	30	29	31	20
Lee.....M.....	95	6	7	7	10	12	8	5	9	15	5	6	5
Lee.....F.....	90	4	6	5	12	15	5	7	10	6	7	8	5
Total	185	10	13	12	22	27	13	12	19	21	12	14	10
Livingston.....M.....	198	22	22	20	18	15	14	12	15	20	12	14	14
Livingston.....F.....	180	20	18	16	11	13	2	12	22	19	19	19	9
Total	378	42	40	36	29	28	16	24	37	39	31	33	23
Logan.....M.....	207	19	17	16	13	10	14	19	21	25	17	16	20
Logan.....F.....	183	24	19	16	13	11	7	17	17	22	14	16	13
Total	396	43	36	32	26	21	21	36	38	47	31	32	33
Macon.....M.....	294	21	30	26	26	22	23	19	27	37	23	18	22
Macon.....F.....	295	15	41	20	23	17	22	31	31	30	12	27	17
Total	589	36	71	46	49	39	45	50	58	76	35	45	39
Marion.....M.....	191	14	19	22	19	12	7	13	24	17	17	16	11
Marion.....F.....	199	19	22	25	20	11	8	10	14	24	20	14	12
Total	390	33	41	47	39	23	15	23	38	41	37	30	23
Marshall.....M.....	133	8	16	11	6	10	8	8	18	12	13	8	15
Marshall.....F.....	106	6	12	5	3	16	5	7	11	8	7	16	10
Total	239	14	28	16	9	26	13	15	29	20	20	24	25
Mason.....M.....	50	2	2	1	4	5	6	3	6	5	3	5	8
Mason.....F.....	48	1	1	4	4	4	2	6	2	6	6	4	12
Total	98	3	3	5	13	9	9	9	8	11	9	9	10
Massac.....M.....	26	4	4	1	2	1	2	5	1	1	1	1	4
Massac.....F.....	33	2	3	6	1	3	3	3	3	1	2	3	3
Total	59	6	7	7	3	4	5	8	4	1	3	4	7
McHenry.....M.....	86	5	7	11	8	12	4	9	7	6	4	8	5
McHenry.....F.....	77	6	9	6	8	12	8	4	7	7	5	4	4
Total	163	11	16	17	16	24	12	13	11	13	9	12	9

Table XXXV.—Continued.

The State and Counties.	The year.	January....	February....	March.....	April.....	May.....	June....	July.....	August.....	September	October....	November.	December.
McLean.....M.....	391	32	38	31	35	32	37	29	32	31	33	30	31
F.....	303	30	29	19	28	25	18	26	23	31	23	28	33
Total	694	62	67	50	63	57	55	55	55	62	56	58	54
Monard.....M.....	160	21	18	8	10	10	8	11	14	14	9	16	21
F.....	136	6	5	18	10	12	17	15	7	17	13	7	9
Total	296	27	23	26	20	22	25	26	21	31	22	23	30
Mercer.....M.....	136	4	10	16	9	13	11	7	7	18	17	11	13
F.....	114	9	5	16	7	13	9	10	11	16	13	5	6
Total	250	13	15	32	16	26	20	17	18	28	30	16	19
Monroe.....M.....	233	26	30	19	11	11	16	15	23	23	23	19	17
F.....	212	24	26	19	14	23	13	13	14	24	20	17	15
Total	455	50	56	38	25	34	29	28	37	47	43	36	32
Montgomery..M.....	318	26	36	30	25	21	23	18	31	25	26	28	29
F.....	307	31	26	35	20	17	23	18	26	30	23	24	34
Total	625	57	62	65	45	38	46	36	57	55	49	52	63
Moultrie.....M.....	157	13	18	13	15	10	11	19	12	8	20	7	11
F.....	160	10	10	8	15	14	16	16	15	17	7	12	20
Total	317	23	28	21	30	24	27	35	27	25	27	19	31
Ogle.....M.....	59	3	5	10	8	2	3	4	8	2	6	6	2
F.....	42	8	3	5	2	3	3	3	5	3	3	3	1
Total	101	11	8	15	10	5	6	7	13	5	9	9	3
Peoria.....M.....	568	54	45	51	46	34	48	42	37	55	52	52	52
F.....	527	38	35	52	45	21	69	48	36	36	51	52	44
Total	1,095	92	80	103	91	55	117	90	73	91	103	104	96
Perry.....M.....	95	8	4	11	4	10	9	9	8	10	6	10	6
F.....	73	5	5	15	7	6	6	7	8	3	3	4	4
Total	168	13	9	26	11	16	15	16	16	13	9	14	10
Piatt.....M.....	96	7	10	16	3	6	9	3	9	7	15	3	8
F.....	91	6	3	14	2	8	9	4	9	9	5	15	7
Total	187	13	13	30	5	14	18	7	18	16	20	18	15
Pike.....M.....	192	28	18	15	14	8	16	13	13	23	11	25	8
F.....	172	17	13	15	22	9	10	11	14	20	9	21	11
Total	364	45	31	30	36	17	26	24	27	43	20	46	19
Pulaski.....M.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
F.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Putnam.....M.....	25	2	1	1	5	3	.....	3	1	1	3	3	2
F.....	30	2	4	3	2	1	3	4	2	1	3	3	2
Total	55	4	5	4	7	4	3	7	3	2	6	6	4

Table XXXV.—Continued.

The State and Counties.	The year...	January....	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November.	December.
Randolph.....M.....	190	11	24	17	14	15	13	11	21	16	18	7	23
.....F.....	184	17	22	17	9	9	11	13	16	9	21	19	21
Total	374	28	46	34	23	24	24	24	37	25	39	26	44
Richland.....M.....	172	10	8	18	18	25	7	9	17	17	8	21	14
.....F.....	131	10	5	22	9	15	6	17	9	9	5	12	12
Total	303	20	13	40	27	40	13	26	26	26	13	33	26
Rock Island...M.....	297	23	23	22	26	29	27	16	31	18	22	29	31
.....F.....	281	22	20	26	26	27	27	17	21	22	16	23	34
Total	578	45	43	48	52	56	54	33	52	40	38	52	65
Saline.....M.....	27	3	2	4	5	5	1	.....	1	1	5	3	2
.....F.....	26	1	1	5	1	6	3	1	1	1	2	3	1
Total	53	4	3	9	1	11	4	1	2	2	7	6	3
Sangamon.....M.....	365	31	36	27	34	36	25	23	31	31	36	29	26
.....F.....	367	37	32	26	43	34	33	31	24	31	24	25	27
Total	732	68	68	53	77	70	58	54	55	62	60	54	53
Schuyler.....M.....	98	6	6	8	5	7	5	13	11	6	7	15	9
.....F.....	99	4	3	5	9	7	9	14	3	7	6	12	20
Total	197	10	9	13	14	14	14	27	14	13	13	27	29
Scott.....M.....	32	.....	5	5	3	.....	2	4	1	4	2	4	2
.....F.....	35	.....	9	3	2	.....	2	6	.....	4	2	3	4
Total	67	.....	14	8	5	.....	4	10	1	8	4	7	6
Shelby.....M.....	213	11	26	22	9	23	12	18	11	12	30	25	14
.....F.....	217	13	36	23	16	23	10	10	22	17	22	19	6
Total	430	24	62	45	25	46	22	28	33	29	52	44	20
Stark.....M.....	36	4	2	17	1	3	1	2	2	1	2	1	.....
.....F.....	43	1	4	15	3	2	3	3	2	3	.....	7	.....
Total	79	5	6	32	4	5	4	5	4	4	2	8	.....
St. Clair.....M.....	594	64	53	49	66	45	46	47	44	45	40	50	45
.....F.....	537	41	62	51	39	53	45	32	40	41	29	43	61
Total	1,131	105	115	100	105	98	91	79	84	86	69	93	106
Stephenson...M.....	292	33	16	25	22	21	30	29	25	23	21	22	25
.....F.....	277	26	22	27	25	18	29	28	22	21	20	20	16
Total	569	59	38	52	47	39	59	57	47	47	41	42	41
Tazewell.....M.....	151	5	12	20	11	18	17	14	9	7	8	21	9
.....F.....	156	8	9	12	15	21	15	14	9	19	12	11	11
Total	307	13	21	32	26	39	32	28	18	26	20	32	20
Union.....M.....	154	17	8	12	15	14	11	8	16	14	15	9	15
.....F.....	143	25	5	20	12	5	8	9	17	15	12	8	7
Total	297	42	13	32	27	19	19	17	33	29	27	17	22

Table XXXV.—Continued.

The State and Counties.	The year..	January....	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December.
Vermillion.....M.....	242	20	15	29	10	27	27	22	15	23	18	18	18
.....F.....	287	17	21	30	25	21	16	21	27	24	41	26	18
Total	529	37	36	59	35	48	43	43	42	47	59	41	36
Wabash.....M.....	145	4	10	7	7	11	8	22	15	16	21	14	10
.....F.....	131	20	7	8	9	6	9	7	9	16	19	11	10
Total	276	24	17	15	16	17	17	29	24	32	40	25	20
Warren.....M.....	175	13	10	18	10	13	13	17	18	24	14	14	11
.....F.....	183	11	19	20	21	8	10	13	17	15	24	12	13
Total	358	24	29	38	31	21	23	30	35	39	38	26	24
Wayne.....M.....	221	24	23	22	20	13	18	13	18	21	14	18	17
.....F.....	236	19	17	26	20	17	17	20	22	21	18	23	16
Total	457	43	40	48	40	30	35	33	40	42	32	41	33
White.....M.....	311	40	25	28	22	35	18	30	25	30	32	36	20
.....F.....	330	46	25	38	28	25	21	15	23	32	33	24	20
Total	641	86	50	66	50	60	39	45	48	62	65	60	40
Whiteside.....M.....	227	17	29	19	17	8	15	7	33	21	23	13	25
.....F.....	206	16	18	28	16	13	20	13	24	15	8	15	20
Total	433	33	47	47	33	21	35	20	57	36	31	28	45
Williamson.....M.....	119	9	8	10	8	12	2	12	13	13	17	13	2
.....F.....	107	10	10	5	7	8	10	5	9	13	12	7	11
Total	226	19	18	15	15	20	12	17	22	26	29	20	13
Winnebago....M.....	268	23	23	22	30	15	22	25	21	17	24	20	26
.....F.....	237	18	20	21	18	25	21	17	19	16	24	17	21
Total	505	41	43	43	48	40	43	42	40	33	48	37	47
Woodford.....M.....	167	11	15	8	9	15	15	17	6	25	23	13	10
.....F.....	146	15	11	7	15	10	11	9	7	15	16	14	16
Total	313	26	26	15	24	25	26	26	13	40	39	27	26

TABLE XXXVI.—*Births reported during the year 1883: LOCALITIES.*
"Cities," over 5,000 population; "Towns," over 500, under 5,000;
"Country," places less than 500.

The State and Counties		The year...	January...	February...	March.....	April.....	May.....	June.....	July.....	August.....	September.	October...	November.	December.
Illinois	Cities...	20,111	1789	1684	1638	1615	1567	1638	1751	1789	1736	1651	1552	1651
	Towns...	9,819	892	848	915	823	731	704	759	847	933	776	790	811
	Country	16,249	1474	1342	1547	1349	1263	1175	1189	1318	1462	1402	1318	1360
	Total.	46,179	4155	3924	4150	3787	3561	3517	3699	3944	4131	3829	3660	3822
Adams	Cities...	450	35	41	28	26	38	37	26	28	35	42	60	54
	Towns...	72	5	4	3	4	4	5	5	4	6	7	14	11
	Country	237	20	22	19	20	14	15	20	16	12	20	28	31
	Total.	759	60	67	50	50	56	57	51	48	53	69	102	96
Bond	Cities...	95	7	5	6	5	10	3	8	19	11	7	7	7
	Towns...	287	22	24	37	21	31	16	18	23	18	22	19	36
	Country	287	22	24	37	21	31	16	18	23	18	22	19	36
	Total.	382	29	29	43	26	41	19	26	42	29	29	26	43
Boone	Cities...	70	11	7	4	4	1	2	6	4	8	14	4	5
	Towns...	88	8	6	14	7	5	6	10	5	4	1	11	11
	Country	88	8	6	14	7	5	6	10	5	4	1	11	11
	Total.	158	19	13	18	11	6	8	16	9	12	15	15	16
Brown	Cities...	52	9	4	4	11	3	4	2	1	5	6	3	...
	Towns...	106	19	8	9	22	3	8	5	4	12	7	4	5
	Country	106	19	8	9	22	3	8	5	4	12	7	4	5
	Total.	158	28	12	13	33	6	12	7	5	17	13	7	5
Bureau	Cities...	245	21	23	22	21	17	20	18	21	29	23	13	17
	Towns...	233	26	16	23	20	27	13	13	18	22	19	18	18
	Country	233	26	16	23	20	27	13	13	18	22	19	18	18
	Total.	478	47	39	45	41	44	33	31	39	51	42	31	35
Carroll	Cities...	162	21	23	6	26	9	8	27	6	16	4	6	10
	Towns...	82	10	12	3	12	5	3	13	2	8	1	3	10
	Country	82	10	12	3	12	5	3	13	2	8	1	3	10
	Total.	244	31	35	9	38	14	11	40	8	24	5	9	20
Christian	Cities...	260	23	20	25	24	15	19	23	24	26	27	20	14
	Towns...	139	11	20	13	12	8	9	12	12	12	13	10	7
	Country	139	11	20	13	12	8	9	12	12	12	13	10	7
	Total.	399	34	40	38	36	23	28	35	36	38	40	30	21
Clark	Cities...	69	6	4	6	6	5	7	8	7	7	6	4	3
	Towns...	322	25	18	30	29	31	29	33	33	31	28	18	17
	Country	322	25	18	30	29	31	29	33	33	31	28	18	17
	Total.	391	31	22	36	35	36	36	41	40	38	34	22	20

Table XXXVI—Continued.

The State and Counties		The year ..	January...	February.	March	April.....	May.....	June.....	July.....	August....	September.	October..	November.	December.
Clay	Cities...													
	Towns...	143	17	8	17	13	4	5	9	14	18	13	5	20
	Country	286	35	18	35	26	9	8	17	38	34	26	8	32
Total.		429	52	26	52	39	13	13	26	52	52	39	13	52
Coles	Cities...	74	3	6	9	6	5	4	6	4	8	10	2	11
	Towns...	116	7	5	14	8	11	8	9	6	11	14	8	15
	Country	411	35	32	40	40	38	33	32	28	27	36	31	39
Total.		601	45	43	63	51	54	45	47	38	46	60	41	65
Cook	Cities...	15,080	1392	1214	1245	1231	1165	1173	1337	1375	1312	1217	1136	1220
	Towns...	2,044	153	172	197	179	150	120	156	200	189	172	167	189
	Country	287	32	19	22	23	27	18	26	21	29	21	22	21
Total.		17,411	1577	1435	1464	1436	1342	1311	1519	1599	1560	1410	1325	1433
Cumberland ..	Cities...													
	Towns...	87	9	8	4	7	8	8	10	2	6	8	11	6
	Country	262	16	21	16	30	19	17	22	13	34	27	22	25
Total.		349	25	29	20	37	27	25	32	15	40	35	33	31
DeKalb	Cities...													
	Towns...	189	15	15	14	14	14	18	19	14	9	17	16	24
	Country	95	8	8	7	6	9	9	10	6	5	8	7	12
Total.		284	23	23	21	20	23	27	29	20	14	25	23	36
DeWitt	Cities...													
	Towns...	69	4	5	7	11	8	5	3	4	8	5	2	7
	Country	139	9	10	17	11	17	11	7	11	13	8	7	15
Total.		208	13	15	24	25	25	16	10	15	21	13	9	22
Douglas	Cities...													
	Towns...	64	19	5		3		9	14	1	2	2	7	2
	Country	244	27	34	27	10	13	29	25	12	11	11	19	26
Total.		308	46	39	27	13	13	38	39	13	13	13	26	28
DuPage	Cities...													
	Towns...	153	13	14	15	14	9	14	14	18	13	12	10	7
	Country	80	6	5	7	7	4	6	6	9	6	5	5	13
Total.		233	19	19	22	21	13	20	21	27	19	17	15	20
Edgar	Cities...	130	18	11	8	9	5	12	7	17	13	11	7	12
	Towns...													
	Country	469	69	42	32	31	19	45	27	55	54	44	26	25
Total.		599	87	53	40	40	24	57	34	72	67	55	33	37
Edwards	Cities...													
	Towns...	37	3	1	4	5	3	3	3	4	3	4	1	3
	Country	216	29	15	21	25	16	13	22	23	24	23	17	18
Total.		253	32	16	25	30	19	16	25	27	27	27	18	21
Effingham	Cities...													
	Towns...	58		7	7	9	4	5	11	1	3	4	4	3
	Country	212	39	21	14	30	22	5	15	12	10	22	9	10
Total.		270	39	28	21	39	26	13	26	13	13	26	13	13

Table XXXVI—Continued.

The State and Counties	The year ..	January ..	February ..	March ..	April ..	May ..	June ..	July ..	August ..	September ..	October ..	November ..	December ..
Fayette	Cities... Towns.. Country	41 234	5 12	28 25	4 17	3 19	4 18	2 16	5 16	4 23	4 19	1 19	1 11
	Total.	275	17	27	31	20	23	20	22	33	27	23	20
Ford	Cities... Towns.. Country	103 90	9 7	7 6	9 8	6 5	8 7	9 7	5 3	7 7	9 8	13 19	12 12
	Total.	193	16	13	17	11	15	16	8	14	17	23	24
Franklin	Cities... Towns.. Country	183	18	15	23	11	14	17	6	13	20	19	13
	Total.	183	18	15	23	11	14	17	6	13	20	19	13
Fulton	Cities... Towns.. Country	230 114	34 17	17 8	33 16	16 8	17 9	23 11	11 5	22 11	7 3	16 7	19 9
	Total.	344	51	25	49	24	26	34	16	33	10	23	28
Gallatin	Cities... Towns.. Country	108 120	12 13	13 13	13 14	8 9	11 9	6 7	7 8	8 11	10 11	6 7	7 8
	Total.	228	25	26	27	17	20	13	15	16	21	13	15
Greene	Cities... Towns.. Country	94 188	11 23	5 10	7 14	9 18	8 18	3 8	8 16	4 10	15 30	5 11	5 10
	Total.	282	34	15	21	27	26	11	24	14	45	16	15
Grundy	Cities... Towns.. Country	93 80	8 6	8 8	4 13	5 6	10 8	7 5	7 6	8 8	9 8	6 7	9 5
	Total.	173	14	16	17	11	18	12	13	14	17	13	14
Hamilton	Cities... Towns.. Country	98 257	3 24	10 16	13 32	1 24	5 19	9 37	5 12	7 14	14 24	20 13	3 17
	Total.	355	27	26	45	25	24	46	17	21	38	33	20
Hancock	Cities... Towns.. Country	127 261	11 22	9 27	10 22	13 15	7 30	10 24	11 15	12 16	11 18	9 27	12 23
	Total.	388	33	36	32	28	37	34	26	28	29	36	35
Henderson	Cities... Towns.. Country	29 166	4 15	4 18	3 15	3 14	3 14	11	4 13	2 9	1 18	5 16	3 12
	Total.	195	19	22	18	17	14	11	13	13	20	17	16
Henry	Cities... Towns.. Country	295 180	27 10	22 11	22 10	19 7	35 12	36 18	9 13	29 26	24 10	25 10	21 36
	Total.	475	37	33	32	26	47	54	26	42	52	34	35

Table XXXVI—Continued.

The State and Counties		The year ..	January...	February..	March	April.....	May.....	June.....	July.....	August	September.	October...	November.	December.
Iroquois	Cities...													
	Towns..	119	16	7	6	8	6	12	11	12	13	5	9	11
	Country	343	31	32	30	34	17	29	23	30	34	25	26	32
Total.		462	47	39	36	42	23	41	37	42	47	30	35	43
Jasper	Cities...													
	Towns..													
	Country	483	37	43	57	38	33	32	36	43	17	45	36	36
Total.		483	37	43	57	38	33	32	36	43	47	45	35	36
JoDavless	Cities...													
	Towns..	124	9	14	11	10	7	13	9	11	10	7	13	10
	Country													
Total.		124	9	14	11	10	7	13	9	11	10	7	13	10
Johnson	Cities...													
	Towns..	77		3	2	4	6	7	8	5	4	8	12	18
	Country	151	2	8	6	8	12	14	16	11	10	18	25	24
Total.		228	2	11	8	12	18	21	24	16	14	26	37	42
Kendall	Cities...													
	Towns..	42	8	15	4	3	2	2	4	2	3	3	4	3
	Country	90	16	7	6	6	5	7	7	5	6	7	7	11
Total.		132	24	10	10	9	7	10	11	7	9	10	11	14
Knox	Cities...	111	2	8	31	6	4	12	6	20	1	10	4	7
	Towns..	91	11	7	12	5	10	10	11	5	3	6	8	3
	Country	177	13	12	22	15	25	18	9	14	9	10	14	16
Total.		379	26	27	65	26	39	40	26	39	13	26	26	26
Lake	Cities...	72	8	9	4	3	10	5	3	5	6	9	4	6
	Towns..	65	4	4	6	5	4	3	9	8	9	4	4	5
	Country	46	9	4	5	4	3	2	3	4	5	2	3	2
Total.		183	21	17	15	12	17	10	15	17	20	15	11	13
LaSalle	Cities...	420	35	39	36	34	33	32	42	30	35	38	37	29
	Towns..	280	23	29	24	23	22	23	28	20	23	29	28	8
	Country	147	13	10	12	12	11	12	14	10	12	10	9	22
Total.		847	71	78	72	69	66	67	84	60	70	77	74	59
Lawrence.....	Cities...													
	Towns..	15	1	3			2	1	2	2	1	1	2	
	Country	307	25	36	30	38	24	22	12	14	29	28	29	20
Total.		322	26	39	30	38	26	23	14	16	30	29	31	20
Lee.....	Cities...													
	Towns..	62	3	4	4	7	9	5	4	6	7	4	5	4
	Country	123	7	9	8	15	18	8	8	13	14	8	9	6
Total.		185	10	13	12	22	27	13	12	19	21	12	14	10
Livingston.	Cities...													
	Towns..	192	22	21	19	15	13	9	13	10	29	16	17	8
	Country	186	20	19	17	11	15	7	11	27	10	15	16	15
Total.		378	42	40	36	29	28	16	24	37	39	31	33	23

Table XXXVI—Continued.

The State and Counties		The year	January	February	March	April	May	June	July	August	September	October	November	December
Logan.....	Cities...	150	12	10	13	12	9	7	9	14	24	12	15	13
	Towns...	216	31	26	19	14	12	14	27	24	23	19	17	20
	Country													
Total.		396	43	36	32	26	21	21	36	38	47	31	32	33
Macon.....	Cities...	287	18	17	23	24	20	25	30	29	39	22	25	15
	Towns...	296	16	51	21	23	19	19	29	25	37	11	20	24
	Country	16	2	3	2	2	.....	1	.....	4	.....	2	.....	.....
Total.		589	36	71	46	49	39	45	59	58	76	35	45	39
Marion.....	Cities...	148	11	12	13	14	4	.....	7	30	12	15	20	3
	Towns...	242	19	29	34	25	19	11	16	8	29	22	10	20
	Country													
Total.		390	33	41	47	39	23	15	23	38	41	37	30	23
Marshall.....	Cities...	79	4	9	5	3	9	4	5	10	7	6	8	9
	Towns...	169	10	19	11	6	17	9	10	19	13	14	16	16
	Country													
Total.		239	14	28	16	9	26	13	15	29	20	20	24	25
Mason.....	Cities...	32	1	2	3	4	3	5	4	2	3	3	4	2
	Towns...	66	2	1	3	9	6	7	5	6	8	6	5	8
	Country													
Total.		98	3	3	5	13	9	9	9	8	11	9	9	10
Massac.....	Cities...	23	2	3	4	.....	3	2	3	1	.....	1	3	3
	Towns...	37	4	4	3	3	1	3	5	3	1	3	3	4
	Country													
Total.		59	6	7	7	3	4	5	8	4	1	3	4	7
McHenry.....	Cities...	54	3	5	7	4	8	3	4	5	7	1	4	3
	Towns...	109	8	11	10	12	16	9	9	6	6	8	8	6
	Country													
Total.		163	11	16	17	16	24	12	13	11	13	9	12	9
McLean.....	Cities...	334	34	31	15	23	32	27	29	30	24	33	26	30
	Towns...	312	24	30	30	35	20	26	23	23	33	20	25	23
	Country	48	4	6	5	5	5	2	3	2	5	3	7	1
Total.		694	62	67	50	63	57	55	55	55	62	56	58	54
Menard.....	Cities...	123	13	10	6	8	9	9	14	7	16	7	12	12
	Towns...	173	14	13	20	12	13	16	12	14	15	15	11	18
	Country													
Total.		296	27	23	26	20	22	25	26	21	31	22	23	30
Mercer..	Cities...	83	4	5	10	5	8	6	6	6	9	10	5	9
	Towns...	167	9	10	22	11	18	14	11	12	19	20	11	10
	Country													
Total.		250	13	15	32	16	26	20	17	18	28	30	16	19
Monroe.....	Cities...	152	16	18	12	8	9	10	9	12	19	12	12	15
	Towns...	303	34	38	26	17	25	19	19	25	28	31	24	17
	Country													
Total.		455	50	56	38	25	34	29	28	37	47	43	36	32

Table XXXVI—Continued.

The State and Counties	The year..	January..	February..	March	April.....	May	June.....	July.....	August.....	September.	October...	November.	December.
Montgomery..	Cities...												
	Towns..	205	26	23	11	17	14	15	11	16	14	14	27
	Country	120	31	39	51	28	24	31	25	41	41	35	36
	Total.	625	57	62	65	45	38	46	36	57	55	49	63
Moultrie.....	Cities...												
	Towns..	102	7	9	7	10	8	9	10	9	6	8	13
	Country	215	16	19	14	20	16	18	25	18	19	19	18
	Total.	317	23	28	21	30	24	27	35	27	25	27	31
Ogle	Cities...												
	Towns..	27	3	3	5	1	1	2	3	5	12	12	
	Country	74	8	5	10	9	4	4	4	8	3	7	3
	Total.	101	11	8	15	10	5	6	7	13	5	9	3
Peoria.....	Cities...	768	60	53	72	54	43	94	73	60	48	76	72
	Towns..	46	9	4	7	8		11	1		8	2	3
	Country	281	23	23	24	29	12	22	16	13	35	55	38
	Total.	1,095	92	80	103	91	55	117	90	73	91	103	96
Perry.....	Cities...												
	Towns..	55	2	4	8	3	5	8	6	5	4	1	5
	Country	113	11	5	18	8	11	7	10	11	9	8	6
	Total.	168	13	9	26	11	16	15	16	16	13	9	10
Piatt.....	Cities...												
	Towns..	62	4	5	10	1	4	6	2	6	5	6	7
	Country	125	9	8	20	4	10	12	5	12	11	14	8
	Total.	187	13	13	30	5	14	18	7	18	16	20	15
Pike.....	Cities...												
	Towns..	111	13	10	12	12	6	7	7	7	15	5	13
	Country	253	32	21	18	24	11	19	17	20	28	15	15
	Total.	364	45	31	30	36	17	26	24	27	43	20	19
Pulaski.....	Cities...												
	Towns..												
	Country	2			1								1
	Total.	2			1								1
Putnam.....	Cities...												
	Towns..	9	3	1	2	2		1					
	Country	46	1	4	12	5	4	2	7	3	2	6	4
	Total.	55	4	5	4	7	4	3	7	3	2	6	4
Randolph.....	Cities...												
	Towns..	73	5	9	7	4	5	5	4	7	5	8	9
	Country	301	23	37	27	19	19	19	20	30	20	31	35
	Total.	374	28	46	34	23	24	24	24	37	25	39	44
Richland.....	Cities...												
	Towns..	102	9	5	13	7	14	6	14	6	12	2	6
	Country	201	11	8	27	20	26	7	12	20	14	11	20
	Total.	303	20	13	40	27	40	13	26	26	26	13	26

Table XXXVI—Continued.

The State and Counties		The year...	January...	February...	March....	April.....	May.....	June.....	July.....	August....	September.	October....	November	December.
Rock Island	Cities...	430	35	31	31	35	43	43	30	44	25	23	37	43
	Towns...	139	10	10	15	15	13	11	3	8	15	8	14	17
	Country	9		2	2	2						2	1	
Total.		578	45	43	48	52	56	54	33	52	40	38	52	65
Saline	Cities...													
	Towns...	9			2		3				1	2	1	
	Country	44	4	3	7	1	8	4	1	2	1	5	5	3
Total.		53	4	3	9	1	11	4	1	2	2	7	6	3
Sangamon	Cities...	410	32	43	35	36	41	39	26	26	39	39	26	28
	Towns...	322	36	25	18	41	29	19	28	29	23	21	28	25
	Country													
Total.		732	68	68	53	77	70	58	54	55	62	60	54	53
Schuyler	Cities...					2	1		6		2		2	
	Towns...	21	1	1		12	13	4	21	14	11	13	25	2
	Country	116	9	8	13			10						27
Total.		197	10	9	13	14	14	14	27	14	13	13	27	29
Scott	Cities...			9	6	4		2	4	1	3	3	7	4
	Towns...	43		5	2	1		2	6	5	1			2
	Country	24												
Total.		67		14	8	5		4	10	1	8	4	7	6
Shelby	Cities...													
	Towns...													
	Country	430	24	62	45	25	46	22	28	31	29	52	44	20
Total.		430	24	62	45	25	46	22	28	33	29	52	44	20
Stark	Cities...													
	Towns...	21	1	1	11		1	1	1	1	1	1	2	
	Country	58	4	5	21	4	4	3	4	3	3	1	6	
Total.		79	5	6	32	4	5	4	5	4	4	2	8	
St. Clair	Cities...	512	40	66	47	47	55	44	44	32	26	24	51	36
	Towns...	245	33	17	26	24	23	21	13	21	23	12	8	24
	Country	374	32	32	27	34	20	26	22	31	37	33	34	46
Total.		1,131	105	115	100	105	98	91	79	81	86	69	93	106
Stephenson	Cities...	226	17	18	26	15	13	26	27	16	21	15	16	16
	Towns...	45	8	5	2	1	7	6	6	3	2	1	2	2
	Country	298	34	15	24	31	19	27	24	28	24	25	21	23
Total.		569	59	38	52	47	39	59	57	47	47	41	42	41
Tazewell	Cities...	47	1	8	5	3	2	4	10	4	5		5	
	Towns...	29	2		8	4	6	3	4	2			3	1
	Country	231	10	13	19	19	31	25	18	12	21	20	21	19
Total.		307	13	21	32	26	39	32	28	18	26	20	32	20
Union	Cities...					9	6	6	6	10	10	9	6	9
	Towns...	99	14	4	10	18	13	13	11	23	19	18	11	13
	Country	198	28	9	22									
Total.		297	42	13	32	27	19	19	17	33	29	27	17	22

Table XXXVI—Continued.

The State and Counties		The year...	January...	February...	March.....	April.....	May.....	June.....	July.....	August.....	September.	October....	November.	December.
Vermilion.....	Cities...	105	7	7	12	7	9	8	9	8	10	12	9	7
	Towns...	156	12	12	19	12	16	14	13	15	19	19	15	10
	Country	248	18	15	28	16	23	21	21	19	18	28	20	19
Total		529	37	36	59	35	48	43	43	42	47	59	44	36
Wabash.....	Cities...	72	10	9	8	3	3	8	9	7	6	6	6	4
	Towns...	204	14	15	7	13	14	9	20	17	26	34	19	16
	Country	276	24	17	15	16	17	17	29	24	32	40	25	20
Total		552	48	41	30	32	34	34	58	48	64	79	50	40
Warren.....	Cities...	72	5	5	8	6	4	5	6	7	8	7	5	6
	Towns...	119	8	9	12	10	7	8	10	12	13	12	9	9
	Country	167	11	15	18	15	10	10	14	16	18	19	12	9
Total		358	24	29	38	31	22	23	30	35	39	38	26	24
Wayne.....	Cities...	29	4	4	4	1	4	2	3	3	2	1	2	3
	Towns...	428	39	40	44	39	26	33	30	37	40	31	39	30
	Country	457	43	40	48	40	30	35	33	40	42	32	41	33
Total		914	86	88	96	80	60	70	66	80	84	64	82	66
White.....	Cities...	169	23	20	10	20	15	11	5	12	15	10	16	12
	Towns...	492	63	30	56	30	45	28	30	36	47	55	41	28
	Country	661	86	50	66	50	60	39	35	48	62	65	60	40
Total		1322	172	100	126	100	120	78	70	96	124	126	117	80
Whiteside.....	Cities...	87	6	9	10	7	4	7	4	12	7	6	5	10
	Towns...	144	11	16	13	11	7	12	6	19	12	10	9	16
	Country	202	16	22	22	15	10	16	10	26	17	15	14	19
Total		433	33	47	45	33	21	35	20	57	36	31	28	45
Williamson.....	Cities...	75	6	36	5	5	7	4	6	7	9	9	6	5
	Towns...	151	13	12	10	10	13	8	11	15	17	20	14	8
	Country	226	19	18	15	15	20	12	17	22	26	29	20	13
Total		452	38	66	30	30	40	24	34	44	51	49	36	26
Winnebago.....	Cities...	346	29	28	30	28	32	34	27	28	20	40	19	31
	Towns...	105	8	9	10	16	6	5	8	7	9	6	12	9
	Country	51	4	6	3	4	2	4	7	5	4	2	6	7
Total		502	41	43	43	48	40	43	42	40	33	48	37	47
Woodford.....	Cities...	50	8	1	7	3	3	2	2	1	8	9	10	3
	Towns...	263	18	25	8	24	22	26	26	12	32	30	17	23
	Country	313	26	26	15	21	25	26	26	13	40	39	27	26
Total		626	52	52	30	44	50	54	54	24	80	78	54	52

TABLE XXXVII.—*Births reported during the year 1883: Nationality of Parents. "F," fathers; "M," mothers.*

The State and Counties.		All nation- alities.....	American..	British American.	English....	Irish.....	Scotch.....	*German..	Scandina- vian.....	Polish.....	French.....	Italians....	Miscellane- ous.....	Not given.
Illinois	F. 46, 179 M. 46, 179	23, 873 26, 045	558 521	1, 294 1, 011	2, 562 2, 263	357 277	10, 239 9, 097	2, 709 2, 635	539 495	250 135	112 102	1, 796 1, 645	1, 717 1, 747	
Adams	F. 759 M. 759	434 459	..... .....	7 9	7 7	3 1	284 268	..... .....	..... .....	2 .....	..... .....	..... .....	22 15
Bond.....	F. 382 M. 382	306 325	2 1	3 1	2 2	..... .....	41 39	2 1	..... .....	11 4	..... .....	11 9	4
Boone.....	F. 158 M. 158	106 111	..... .....	9 7	14 10	7 10	13 13	5 3	..... .....	..... .....	..... .....	1 1	3 3
Brown.....	F. 158 M. 158	134 146	..... .....	2	3 3	..... 1	9 5	..... .....	..... .....	1 1	..... .....	..... .....	9 2
Bureau.....	F. 478 M. 478	329 334	..... 3	23 16	8 14	6 4	42 42	56 51	..... .....	1 1	..... .....	2	11 13
Carroll.....	F. 244 M. 244	192 198	2 3	2 1	10 7	2 2	29 22	..... 1	..... .....	..... .....	..... .....	2	5 10
Christian ..	F. 399 M. 399	314 335	1 1	17 13	8 6	..... .....	46 34	2 1	..... .....	..... .....	..... .....	3 1	8 8
Clark.....	F. 391 M. 391	297 308	..... .....	6 5	7 4	..... .....	26 19	..... .....	..... .....	..... .....	..... .....	..... .....	55 55
Clay.....	F. 429 M. 429	424 424	..... .....	..... .....	..... .....	..... .....	5 5	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
Coles.....	F. 601 M. 601	541 553	..... .....	1	29 25	..... .....	29 23	..... .....	..... .....	..... .....	..... .....	1 .....	..... .....
Cook	F. 17, 411 M. 17, 411	3, 290 4, 223	396 388	590 498	1, 672 1, 529	156 112	6, 408 5, 905	1, 909 1, 885	515 482	93 60	104 93	1, 481 1, 411	797 825	
Cumberl'nd	F. 349 M. 349	314 325	..... .....	11 8	5 5	2 2	8 3	..... .....	..... .....	..... .....	..... .....	1	8 6
DeKalb ..	F. 284 M. 284	156 186	10 4	7 10	27 23	4 2	43 26	19 15	1 1	7 6	..... .....	3 4	7 7
DeWitt.....	F. 208 M. 208	189 177	6 5	1 2	..... .....	8 9	3 3	..... .....	..... .....	..... .....	..... .....	1 .....	..... 12
Douglas ...	F. 308 M. 308	280 285	..... .....	3 1	7 7	..... 3	7 10	..... .....	..... .....	..... .....	..... .....	..... .....	1 2
DuPage....	F. 233 M. 233	89 107	..... .....	13 10	6 5	4 2	104 98	5 4	1 1	1 .....	..... .....	3 3	7 3
Edgar	F. 599 M. 599	531 546	..... .....	16 10	14 13	1 1	13 7	..... .....	..... .....	..... .....	..... .....	3 3	21 19
Edwards...	F. 283 M. 283	223 238	..... .....	18 20	1 .....	..... .....	29 20	..... .....	..... .....	..... .....	..... .....	1	6 5
Effingham .	F. 270 M. 270	151 174	2	1	4	2	79 56	1 .....	..... .....	..... 1	..... .....	5 5	25 34
Fayette	F. 275 M. 275	228 239	..... .....	3 2	2 1	..... .....	37 28	..... .....	..... .....	1 1	..... .....	2 3	2 1
Ford	F. 193 M. 193	111 120	..... .....	12 12	7 8	3 1	21 14	32 32	..... .....	5 3	..... .....	2 3	..... .....

Table XXXVII—Continued.

The State and Counties.	All nation- alities.....	American.	British American.	English.....	Irish.....	Scottish.....	*German.....	Scandinavian.....	Polish.....	French.....	Italians.....	Miscellaneous.....	Not given.....
Franklin... F. M.	183 183	182 182					1						1
Fulton F. M.	344 344	189 187		8 8	5 4	12 21	1 3					3 3	156 137
Gallatin... F. M.	228 228	197 212		1 12	7 12	1	8 4			1 1			13 7
Greene F. M.	282 282	243 258		7 5	7 3		9 2					7 5	9 9
Grundy F. M.	173 173												
Hamilton .. F. M.	355 355	329 339	1 1	1 1	6 2		8 9			1			9 3
Hancock ... F. M.	388 388	327 327		1	4 4		51 41	2		1		2 1	
Henderson. F. M.	195 195	118 121	1	4	12 10	1 1	16 17	8 7		3		1	37 39
Henry..... F. M.	475 475	263 233	2 3	33 18	27 19	8 9	60 52	126 125		3 1		11 12	2 3
Iroquois ... F. M.	462 462	295 326	35 37	16 10	15 10	1	57 45	7 7	1 1	1 2		23 17	5 7
Jasper F. M.	483 483	445 449	5	12 5	2 1	2	16 14			3 1		1 3	7 10
JoDavies.. F. M.	124 124	88 89	4 2	2 6	9 3	1	16 20			1		2 3	1 1
Johnson ... F. M.	231 231	219 222			1		2 1					1	8 7
Kendall F. M.	132 132	77 83	2 1	6 6	2 2	1 1	9 5	27 28		1		2 2	5 4
Knox..... F. M.	379 379	219 224	2 2	4 1	16 18	14 3	6 8	55 55					63 68
Lake..... F. M.	183 183	99 106	1	20 23	17 13	5 3	26 24			1 1		11 10	3 3
LaSalle F. M.	847 847	349 402	8 7	73 72	80 68	21 26	211 197	58 46	3 2	27 13		5 3	12 11
Lawrence.. F. M.	322 322	319 319			1 1		2 2						
Lee..... F. M.	185 185	119 112		5 3	23 21		32 32	1 9		2			3 3
Livingston. F. M.	378 378	213 245		22 20	23 20	4 4	78 61	16 14		4 2		10 7	8 5
Logan F. M.	396 396	255 276	1	6 1	32 24	7 7	87 87	2		1			4
Macon..... F. M.	589 589	465 496	1 1	10 9	15 9	2	58 43	2 2	2			8 7	26 24
Marion..... F. M.	390 390	333 363		7 3			22 17			1 2		4 1	3 3
Marshall... F. M.	239 239	181 196	3 3	5 2	10 8	3 2	31 22	4 6					
Mason..... F. M.	98 98	69 76		1 3	1 3	1	20 15			2			4 1

Table XXXVII—Continued.

The State and Counties.		All nation- alities...	American.	British American.	English ..	Irish.....	Scotch.....	*German...	Scandinavian.....	Polish.....	French.....	Italians...	Miscellaneous.....	Not given..
Massac.....	F. M.	59 59	38 40	..... .....	..... .....	..... .....	1 19	20 19	..........	..........	..........	..........	..........	..........
McHenry ..	F. M.	163 163	106 110	1 7	6 5	5 5	3 1	33 31	4 1	..... .....	1 .....	..... .....	1 2	3 1
McLean....	F. M.	694 694	424 454	4 2	14 12	41 32	1 2	148 133	..... .....	..... .....	..... 2	..... .....	45 45	10 12
Menard	F. M.	296 296	229 249	3 1	3 2	8 5	2	32 24	4 3	..... .....	..... .....	..... .....	4 3	11 9
Mercer.....	F. M.	250 250	183 188	1	5 7	7 7	6 2	6 5	10 9	..... .....	..... .....	..... .....	..... .....	32 32
Monroe	F. M.	455 455	273 359	..... .....	1	3 2	..... .....	160 90	..... .....	1 .....	..... .....	..... .....	4 2	13 2
Montgomery	F. M.	625 625	508 533	2 1	29 14	10 12	7 5	54 45	..... .....	1 1	..... .....	..... .....	8 8	6 6
Moultrie....	F. M.	317 317	297 306	..... .....	2 3	3 1	2	9 4	..... .....	..... .....	..... .....	..... .....	..... .....	4 3
Ogle.....	F. M.	101 101	65 63	1 1	4 5	2 2	1 1	29 21	4 .....	..... .....	..... .....	..... .....	2 2	2 2
Peoria	F. M.	1,095 1,095	575 657	16 12	36 27	84 63	6 8	293 249	25 26	5 4	6 3	..... .....	15 9	34 37
Perry.....	F. M.	168 168	123 144	1	2	7 1	..... .....	31 21	..... .....	2 1	..... .....	..... .....	1	1 1
Piatt	F. M.	187 187	143 148	..... .....	4 4	5 4	1	12 11	..... .....	..... .....	..... 1	..... .....	4 2	13 17
Pike.....	F. M.	364 364	326 338	..... .....	11 5	7 11	..... .....	10 6	..... .....	..... .....	..... .....	4 4	2	4
Pulaski	F. M.	2 2	2 2	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........
Putnam....	F. M.	55 55	34 36	..... .....	1 1	2 4	..... .....	15 12	3 2	..........	..........	..........	..........	..........
Randolph..	F. M.	374 374	257 283	..... .....	3	2 3	2 2	95 68	1 1	3 2	3 4	..... 1	4 2	4 8
Richland ..	F. M.	303 303	198 212	..... 1	1	2 1	..... .....	16 10	..... .....	1 1	1 1	..... .....	4 4	80 73
Rock Isl'nd	F. M.	578 578	270 313	9 6	16 11	20 17	4 5	129 111	98 91	1 1	6 .....	..... .....	20 15	5 8
Saline.....	F. M.	53 53	53 53	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........
Sangamon..	F. M.	732 732	477 543	2 1	30 26	48 34	..... 4	123 94	13 3	..... .....	1 1	2 1	6 5	30 20
Schuyler...	F. M.	197 197	185 188	..... .....	3 1	2 1	..... .....	2 3	..... .....	..... .....	..... .....	..... .....	1 1	4 3
Scott.....	F. M.	67 67	59 61	..... .....	2 2	2 .....	..... .....	2 2	..... .....	..... .....	..... .....	..... .....	2	2
Shelby.....	F. M.	430 439	370 361	..... .....	13 4	5 3	..... .....	25 20	..... .....	..... .....	1 .....	..... .....	2	14 42
Stark.....	F. M.	79 79	54 57	2 1	4 1	7 10	6 6	4 3	1 1	..... .....	..... .....	..... .....	..... .....	1
St. Clair....	F. M.	1,131 1,131	705 811	4 2	17 19	16 13	7 3	331 251	3 1	2 1	24 12	1 1	14 8	7 9

Table XXXVII—Continued.

The State and Counties.		All nationalities	American	British	English	Irish	Scotch	*German	Scandinavian	Polish	French	Italian	Miscellaneous	Not given
Stephenson	F.	569	339	5	4	11		189	9		2		3	10
	M.	569	370	2	3	6		173	4		1		1	9
Tazewell ..	F.	307	214	1	3	4		70			2		9	4
	M.	307	231	1	1	2		65					4	3
Union	F.	297	259		2			14			3		1	18
	M.	297	259				1	6						11
Vermilion .	F.	529	440	3	20	5	10	27	7		5		6	6
	M.	529	462	7	9	6	3	28	8	1	2			3
Wabash....	F.	276	239		4	2		29						2
	M.	276	248		2	2		21						3
Warren	F.	358	396		15	12		23						2
	M.	358	289	5	5	20	4	5	39					
Wayne	F.	457	427	1	3	1	1	12					2	10
	M.	457	444			1		4					1	7
White	F.	671	589		12	11	1	32						26
	M.	671	576		19	9	1	35						31
Whiteside .	F.	433	279	5	15	38	4	67	9		1		10	5
	M.	433	279	8	19	26	4	62	8		1		5	30
Williamson	F.	226	241	1	2	1		5					4	2
	M.	226	216				2	2					3	3
Winnebago	F.	505	235	11	23	34	17	27	146		1	1	6	4
	M.	505	252		17	36	14	28	151		2	2	3	
Woodford..	F.	313	185		5	7	3	190			6		3	4
	M.	313	219	1	2	6	1	74			3		1	6

*This large proportion of Germans to the total number of all nationalities shown in these figures is due to the fact that the Germans generally employ midwives and these report much more fully than physicians. This excess is seen to be very marked in Chicago.

TABLE XXXVIII.—*Births reported during the year 1883: GROUPED AGES OF PARENTS. "F," father; "M," mother.*

The State and Counties.		All ages....	Under 15....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55....	Not given.
Illinois	F. M.	46,179 46,179	..... 35	135 4,855	7,354 12,859	11,621 10,874	9,416 7,146	6,864 4,567	3,880 1,616	1,794 184	724 4	317	3,901 3,875
Adams.....	F. M.	759 759	..... .....	..... 206	169 142	137 108	116 93	84 105	87 78	65	46	23	32 27
Bond.....	F. M.	382 382	..... .....	2 43	51 116	108 96	92 53	62 37	36 13	14	7	5	5 24
Boone.....	F. M.	158 158	..... .....	1 15	19 42	48 46	29 22	21 19	13 5	11	2	2	12 9
Brown.....	F. M.	158 158	..... .....	..... 21	21 38	42 46	39 24	24 17	13 6	8	2	.....	9 6
Bureau.....	F. M.	478 478	..... 1	..... 46	70	103 131	97 115	67 60	39 44	27 31	13 4	18	44 46
Carroll.....	F. M.	244 244	..... 1	..... 27	38 67	69 56	52 36	29 23	20 11	10 1	4	2	20 22
Christian.....	F. M.	399 399	..... .....	..... 38	50 95	86 95	83 71	33 36	33 13	16	11	8	41 54
Clark.....	F. M.	391 391	..... 1	3 50	89 139	89 68	83 63	55 43	32 8	21	7	.....	12 19
Clay.....	F. M.	429 429	..... 2	25 92	82 96	74 95	70 64	54 31	42 5	22	3	.....	57 44
Coles.....	F. M.	601 601	..... .....	3 91	148 158	151 137	107 95	93 58	38 31	29 5	12	3	17 26
Cook.....	F. M.	17,411 17,411	..... .....	..... 1,272	2,490 4,815	4,389 4,251	3,555 2,724	2,725 1,762	1,321 466	502 50	164	22	2,240 2,071
Cumberland.....	F. M.	349 349	..... .....	5 54	71 110	83 81	70 42	47 25	32 10	12	9	5	15 27
DeKalb.....	F. M.	284 284	..... .....	2 15	22 82	90 69	68 39	40 23	24 10	5	5	.....	28 46
DeWitt.....	F. M.	208 208	..... .....	..... 26	44 61	45 45	41 33	31 21	21 12	8	6	1	8 10
Douglas.....	F. M.	308 308	..... 2	2 33	68 94	66 67	76 63	35 33	34 11	11 3	6	4	6 2
DuPage.....	F. M.	233 233	..... .....	..... 13	27 69	61 40	37 49	38 34	32 14	15 1	5	2	13 13
Edgar.....	F. M.	599 599	..... .....	..... 61	112 182	151 127	113 80	90 71	45 16	31 2	8	5	41 57
Edwards.....	F. M.	283 283	..... .....	..... 27	42 77	79 73	68 61	40 32	24 5	12 1	5	2	11 7
Effingham.....	F. M.	270 270	..... 1	..... 27	45 72	66 61	52 46	30 25	29 11	16 3	8	4	20 24

Table XXXVIII.—Continued.

The State and Counties.		All ages	Under 15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Over 55	Not given
Fayette	F. M.	275 275		1 42	55 85	79 68	59 27	31 18	24 3	8 1	4	2	12 31
Ford	F. M.	193 193		2 24	23 48	45 47	54 38	39 24	15 5	6	3	1	5 7
Franklin	F. M.	183 183		3 25	39 59	40 31	32 34	32 12	15 1	5 2	3	1	13 28
Fulton	F. M.	344 344		1 40	72 112	91 88	69 56	51 31	21 14	13	5	4	14 3
Gallatin	F. M.	228 228			43 71	74 50	35 36	37 15	11 9	4 1	5	2	17 18
Greene	F. M.	282 282			44 76	68 63	64 43	42 30	25 4	12	5	1	21 23
Grundy	F. M.	173 173											
Hamilton	F. M.	355 355		4 43	46 91	92 84	62 49	52 24	26 16	11 1	12	11	39 44
Hancock	F. M.	388 388		2 1	55 113	107 113	90 70	59 45	35 10	18 1	11	5	6 9
Henderson	F. M.	195 195			32 56	53 41	34 32	26 16	20 8	15 1	8	1	6 18
Henry	F. M.	475 475		1 57	76 139	117 119	119 76	65 47	47 28	26 2	12	5	7 16
Iroquois	F. M.	462 462		2 1	74 58	109 136	96 80	80 56	55 17	19	8	4	15 15
Jasper	F. M.	483 483		7 81	94 136	115 102	112 77	54 40	38 24	24 2	18	9	12 18
JoDaviess	F. M.	124 124			17 32	33 26	26 18	11 14	14 4	8 1	2		13 20
Johnson	F. M.	231 231		2 34	38 65	48 42	50 39	28 23	21 5	13 1	4		27 22
Kendall	F. M.	132 132		1 9	17 35	36 32	22 23	21 10	13 11	6	2		14 12
Knox	F. M.	379 379		2 1	64 104	90 83	70 65	63 48	25 18	21 2	13	8	23 16
Lake	F. M.	183 183		1 12	22 42	46 37	30 36	30 28	14 6	15	1		24 22
LaSalle	F. M.	847 847		6 68	124 259	204 219	231 150	117 94	91 36	30 2	14	7	24 39
Lawrence	F. M.	322 322			57 69	109 135	56 61	40 27	16 9	11 3	7	1	25 18
Lee	F. M.	185 185			34 70	58 42	49 31	15 12	17 8	11 2	7		3
Livingston	F. M.	378 378			59 42	102 116	76 81	51 60	43 16	10	9	4	18 22
Logan	F. M.	396 396		2 60	72 105	96 83	70 61	61 41	47 23	18 6	9	7	11 17
Macon	F. M.	589 589		3 1	101 58	142 160	134 152	87 91	59 54	23 3	14	7	19 52
Marion	F. M.	390 390		1 80	82 93	81 77	74 60	59 40	37 15	14	4	3	35 25

Table XXXVIII.—Continued.

The State and Counties.		All ages.....	Under 15.....	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Marshall	F. 239	239	3	43	64	67	25	14	9	5	1	9	
	M. 239	1	27	81	60	36	23	8	.....	.....	.....	9
Mason	F. 98	98	11	18	23	14	12	6	6	2	1	16	
	M. 98	.....	.....	32	20	6	11	6	.....	.....	.....	12
Massac.....	F. 59	59	7	7	14	7	3	3	6	.....	.....	19
	M. 59	.....	.....	11	11	5	5	1	.....	.....	.....	19
McHenry.....	F. 163	163	7	24	41	48	19	10	10	3	.....	8
	M. 163	.....	.....	48	46	27	10	12	.....	.....	.....	13
McLean	F. 691	691	75	118	186	148	107	51	26	11	1	46	
	M. 694	1	.....	210	160	107	70	19	1	.....	.....	51
Menard.....	F. 296	296	2	53	82	52	40	20	15	8	3	21	
	M. 296	.....	53	89	58	33	26	16	1	.....	.....	20
Mercer	F. 250	250	3	33	66	51	45	25	12	4	3	8	
	M. 250	.....	20	77	65	46	22	12	.....	.....	.....	8
Monroe.....	F. 455	455	33	59	122	93	88	45	23	2	2	21	
	M. 455	.....	.....	141	121	87	41	9	2	.....	.....	21
Montgomery.....	F. 625	625	1	98	174	126	95	67	34	13	7	10	
	M. 625	.....	84	188	153	96	58	30	4	.....	.....	12
Moultrie.....	F. 317	317	1	57	89	56	56	29	17	2	2	8	
	M. 317	2	33	93	70	53	40	7	1	.....	.....	13
Ogle	F. 101	101	17	23	21	18	9	4	1	1	7		
	M. 101	.....	15	26	29	16	6	1	.....	.....	.....	8
Peoria.....	F. 1,095	1,095	2	140	291	228	160	107	41	12	9	105	
	M. 1,095	.....	74	299	290	152	132	134	1	.....	.....	13
Perry	F. 168	168	19	41	41	24	26	8	2	2	5		
	M. 168	.....	17	41	38	29	20	5	.....	.....	.....	18
Piatt.....	F. 187	187	2	28	52	44	21	27	7	1	1	4	
	M. 187	.....	25	65	46	27	18	2	.....	.....	.....	4
Pike	F. 361	361	3	71	88	69	46	25	16	6	5	35	
	M. 361	1	40	118	76	52	30	12	1	.....	.....	34
Pulaski.....	F. 2	2	1	.....	.....	1	.....	.....	.....	.....	.....	1
	M. 2	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Putnam	F. 55	55	11	16	11	8	5	1	.....	2	1	
	M. 55	.....	6	20	13	8	3	1	.....	.....	.....	4
Randolph	F. 374	374	42	113	83	53	23	13	11	5	31		
	M. 374	.....	28	104	94	63	39	12	2	.....	.....	32
Richland	F. 303	303	3	52	78	59	46	23	12	5	5	20	
	M. 303	.....	30	77	86	47	22	9	1	.....	.....	31
Rock Island.....	F. 578	578	2	90	157	131	110	44	17	6	3	18	
	M. 578	.....	65	157	151	105	65	15	2	.....	.....	18
Saline	F. 53	53	13	15	5	5	4	5	2	.....	2	7
	M. 53	.....	9	18	5	5	5	3	.....	.....	.....	8
Sangamon	F. 732	732	1	100	189	147	103	68	33	11	7	73	
	M. 732	3	79	212	165	127	64	19	2	.....	.....	61
Schuyler.....	F. 197	197	3	46	42	31	25	15	17	.....	.....	18
	M. 197	.....	36	52	37	27	20	4	2	.....	.....	19
Scott.....	F. 67	67	13	17	12	8	7	3	4	.....	3	
	M. 67	1	12	18	8	.....	5	1	.....	.....	.....	4
Shelby.....	F. 430	430	84	111	78	61	44	19	6	4	23		
	M. 430	.....	54	130	92	65	45	17	4	.....	.....	23

Table XXXVIII.—Continued.

The State and Counties.		All ages.	Under 15.	16-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	Over 55.	Not given.
Stark	F.	79			15	20	12	12	8	6	5		1
	M.	79		5	28	15	13	8	10				
St. Clair	F.	1,131		3	170	246	243	198	129	65	30	10	37
	M.	1,131		98	332	239	190	128	43	12			39
Stephenson	F.	569		1	91	152	127	76	43	19	7	7	46
	M.	569		51	162	135	76	57	16	1			71
Tazewell	F.	307		1	44	81	60	62	23	17	6	2	11
	M.	307		26	92	75	49	40	12	2			11
Union	F.	297		1	63	74	58	37	18	12	7	3	24
	M.	297		37	92	65	44	26	5				28
Vermilion	F.	529		5	102	135	106	75	37	26	10	5	28
	M.	529	13	76	151	126	70	38	14	1			40
Wabash	F.	276		3	48	79	45	45	32	8	4	2	10
	M.	276		23	82	78	35	42	3				13
Warren	F.	358		1	75	86	85	50	34	12	3	3	9
	M.	358		150	105	61	34	5					3
Wayne	F.	457		2	94	108	87	46	37	14	8	7	54
	M.	457		43	152	82	51	48	10				68
White	F.	661			204	154	120	72	45	21	7	5	33
	M.	661		201	179	127	79	32	14	4			25
Whiteside	F.	433			64	125	94	57	43	18	5	7	20
	M.	433		41	130	118	80	38	16	3			7
Williamson	F.	226		3	30	54	38	34	9	9	3	3	43
	M.	226		25	60	46	26	15	5	2			47
Winnebago	F.	505		3	88	139	105	70	37	23	8	5	27
	M.	505		33	143	132	79	45	28	8			32
Woodford	F.	313		1	33	99	60	63	28	14	3	3	9
	M.	313	1	40	74	88	51	43	10				6

TABLE XXXIX—*Births reported during the year 1883:* NUMBER OF CHILD, OF MOTHER.

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not given.
Illinois.....	46,179	11,325	8,370	6,298	5,141	3,908	3,071	2,260	1,580	1,022	756	811	1,637
Adams.....	759	161	133	90	72	49	78	58	40	35	18	14	11
Bond.....	382	89	76	55	29	30	44	14	15	9	11	4	6
Boone.....	158	56	27	31	15	10	8	2	2	1	3	1	3
Brown.....	158	32	35	25	20	13	13	2	5	6	1	3	2
Bureau.....	478	117	93	58	64	40	29	20	12	8	3	12	22
Carroll.....	244	72	48	27	22	21	15	4	16	2	3	2	12
Christian.....	399	80	63	59	57	33	24	15	18	8	5	8	29
Clark.....	391	98	70	62	41	38	21	21	15	11	5	7	2
Clay.....	429	64	57	29	23	30	43	40	36	17	20	15	50
Coles.....	631	131	102	109	74	61	48	24	23	11	8	1	9
Cook.....	17,411	4,403	3,164	2,267	1,904	1,486	1,112	845	577	299	290	293	771
Cumberland.....	349	86	72	60	31	28	27	22	8	5	1	3	6
DeKalb.....	284	67	67	35	38	18	8	9	4	5	2	5	26
DeWitt.....	208	50	48	26	23	12	14	12	6	3	2	5	2
Douglas.....	308	69	54	53	42	28	24	13	6	5	6	4	5
DuPage.....	233	55	48	34	19	20	17	12	10	5	6	2	4
Edgar.....	599	151	110	69	75	42	36	29	26	14	13	8	23
Edwards.....	283	53	53	44	31	30	23	18	12	5	4	5	5
Effingham.....	270	58	43	38	31	27	18	18	7	8	4	7	11
Fayette.....	275	78	55	34	27	23	16	14	7	6	3	5	7
Ford.....	193	48	35	27	29	14	8	10	6	5	1	3	8
Franklin.....	183	33	25	22	27	14	17	11	12	7	7	1	7
Fulton.....	344	96	57	44	35	35	25	21	8	4	3	4	12
Gallatin.....	223	55	35	32	29	25	16	12	7	8	3	3	3
Greene.....	282	72	50	39	27	19	20	17	6	12	9	6	5
Grundy.....	173	51	30	24	19	15	12	8	6	1	1	4	3
Hamilton.....	355	74	49	45	51	39	19	20	13	11	11	10	13
Hancock.....	388	96	69	60	51	32	29	20	12	7	6	6	1
Henderson.....	195	43	38	27	27	13	17	8	4	6	6	5	10
Henry.....	475	142	86	67	57	37	19	18	11	12	8	8	19
Iroquois.....	462	125	82	59	50	31	30	30	20	12	10	8	5
Jackson.....	483	116	86	57	59	42	32	25	11	13	8	15	19
Jo Daviess.....	124	35	17	14	18	9	7	4	4	5	1	1	10
Johnson.....	231	45	39	30	29	22	18	11	9	5	6	6	11
Kendall.....	132	37	22	12	15	12	7	9	2	3	1	4	8
Knox.....	375	122	89	43	54	33	29	12	9	10	4	6	7
Lake.....	183	45	27	27	14	14	14	11	9	6	3	4	9
LaSalle.....	847	205	151	124	101	80	47	43	23	19	15	18	21
Lawrence.....	322	103	79	52	22	21	13	7	3	4	1	17	1
Lee.....	185	38	36	33	29	18	10	4	2	1	10	8	1
Livingston.....	378	104	52	55	34	37	26	16	21	6	5	5	14
Logan.....	396	98	68	50	29	44	29	29	11	18	9	9	11
Macon.....	589	156	109	85	73	59	37	29	13	17	7	8	5
Marion.....	390	82	82	53	41	37	26	23	15	12	7	4	8
Marshall.....	239	62	64	30	28	11	17	10	11	4	3	4	8
Mason.....	93	20	18	12	15	3	1	8	4	3	1	10	1
Massac.....	59	12	9	10	9	5	4	5	5	5	5	2	2
McHenry.....	163	43	40	9	16	18	11	8	2	5	5	12	33
McLean.....	694	183	117	98	78	47	47	39	25	12	12	12	7
Menard.....	296	71	62	42	35	21	19	9	15	6	3	5	7
Mercer.....	250	60	46	35	30	21	20	15	10	8	1	4	20
Monroe.....	455	77	84	57	48	47	32	27	22	18	6	17	8
Montgomery.....	625	139	114	89	73	62	46	29	27	17	9	21	7
Moultrie.....	317	89	51	32	36	34	23	14	17	5	4	5	7
Ogle.....	101	36	14	21	11	8	3	1	2	2	3	1	6
Peoria.....	1,095	274	183	147	108	83	80	5	1	21	20	15	63

Table XXXIX—Continued.

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not given..
Perry	168	32	23	19	18	19	12	16	10	5	9	1	4
Piatt	187	54	33	32	21	12	10	4	10	3	2	2	3
Pike	364	105	67	55	39	20	19	16	5	9	2	7	20
Pulaski.....	55	1	1	1	5	5	4	2	1	1	1	1	7
Putnam	55	16	13	7	5	5	4	2	1	1	1	1	7
Randolph	374	56	69	66	48	34	28	25	11	14	9	10	6
Richland	303	58	61	40	37	27	26	13	10	8	4	6	13
Rock Island.....	578	137	114	91	62	50	53	25	21	8	4	6	7
Saline	53	12	13	7	5	4	2	2	3	1	1	9	3
Sangamon	732	172	140	96	84	50	50	31	19	26	9	6	46
Schuyler	197	51	28	26	23	14	17	10	2	7	3	10	10
Scott	67	16	12	8	7	6	5	4	4	4	1	4	1
Shelby	450	93	70	69	58	42	25	23	14	9	8	12	7
Stark	79	20	16	9	8	6	5	4	5	1	1	4	1
St. Clair	1,131	236	193	146	136	103	70	73	50	41	26	35	22
Stephenson.....	569	152	106	84	55	44	39	19	15	19	7	8	21
Tazewell	377	64	60	32	39	35	26	10	10	10	7	6	8
Union	297	75	41	36	41	23	26	17	8	11	4	5	7
Vermilion	529	125	100	76	65	41	31	34	22	8	6	12	9
Wabash	276	58	57	50	31	19	15	20	9	7	2	5	3
Warren	358	105	60	90	52	15	14	10	3	2	5	2	21
Wayne	457	106	78	61	47	42	36	26	12	15	8	5	18
White	661	173	111	114	81	59	42	33	22	5	3	3	10
Whiteside	433	108	81	65	41	39	25	22	14	10	7	8	6
Williamson	226	41	35	36	20	28	17	14	17	5	1	6	13
Winnebago	505	143	122	80	45	34	20	19	8	10	7	4	1
Woodford	313	66	50	40	38	30	26	17	10	14	9	12	

TABLE XL.—*Births reported during the year 1884: BY MONTHS, SEX SPECIFIED.*

The State and Counties.	The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December..
Illinois M.....	23,677	2222	2154	2222	1825	1825	1781	1936	2003	2112	1877	1757	1963
F.....	22,202	2076	1957	2087	1735	1777	1769	1785	1806	1897	1778	1713	1822
Total	45,879	4298	4111	4309	3560	3602	3550	3721	3809	4009	3655	3470	3785
Adams M.....	361	31	33	40	41	22	27	31	13	38	21	24	40
F.....	384	32	36	38	44	25	25	33	22	38	19	28	44
Total	745	63	69	78	85	47	52	64	35	76	40	52	84
Bond M.....	202	20	17	24	15	13	22	5	14	20	18	9	25
F.....	206	12	21	24	23	17	14	15	12	14	23	6	25
Total	408	32	38	48	38	30	36	20	26	34	41	15	50
Boone M.....	75	5	5	12	8	6	2	10	7	4	6	6	4
F.....	72	9	7	8	9	4	3	10	3	3	8	5	3
Total	147	14	12	20	17	10	5	20	10	7	14	11	7
Bureau M.....	202	20	22	12	16	17	14	16	25	10	15	20	15
F.....	193	21	24	17	12	15	18	19	18	18	13	12	6
Total	395	41	46	29	28	32	32	35	43	28	28	32	21
Calhoun M.....	67	12	17	3	1	5	.....	4	5	3	4	3	10
F.....	43	9	4	3	1	7	1	3	1	3	2	3	6
Total	110	21	21	6	2	12	1	7	6	6	6	6	16
Carroll M.....	120	11	14	10	14	6	7	17	12	8	4	2	15
F.....	117	13	15	15	3	8	3	13	12	7	2	8	18
Total	237	24	29	25	17	14	10	30	24	15	6	10	33
Cass M.....	79	7	5	13	8	3	2	5	7	6	6	7	10
F.....	62	5	9	7	2	4	2	5	7	5	6	7	3
Total	141	12	14	20	10	7	4	10	14	11	12	14	13
Champaign M.....	118	11	8	14	9	13	12	10	13	6	14	6	2
F.....	125	6	4	18	11	13	13	19	12	7	13	6	3
Total	243	17	12	32	20	26	25	29	25	13	27	12	5
Christian M.....	201	13	22	14	16	20	16	18	21	13	19	12	17
F.....	189	11	17	17	10	17	12	18	26	13	8	16	15
Total	381	24	39	31	26	37	28	36	47	26	27	28	32
Clark M.....	166	16	28	22	8	10	16	14	15	12	6	7	12
F.....	161	17	24	13	16	5	13	15	13	17	13	7	8
Total	327	33	52	35	24	15	29	29	28	29	19	14	20

Table XL.—Continued.

The State and Counties.	The year ..	January ..	February ..	March	April	May	June	July	August	September	October	November.	December.
Clay	M.....	124	15	5	14	17	6	9	8	11	14	6	8
	F.....	136	24	8	12	22	7	17	5	15	12	12	5
	Total	260	39	13	26	39	13	26	13	26	26	13	13
Coles	M.....	268	19	22	36	21	20	18	27	16	21	23	26
	F.....	304	21	21	24	27	25	24	23	22	26	35	32
	Total	572	40	43	60	48	45	42	50	38	47	58	58
Cook	M.....	9,167	817	803	843	690	679	660	774	845	824	754	723
	F.....	8,754	797	759	759	642	667	687	734	760	772	746	742
	Total	17,921	1614	1562	1602	1332	1346	1347	1508	1605	1596	1500	1465
Crawford	M.....	272	26	26	24	21	22	21	18	15	21	30	21
	F.....	260	17	28	37	12	28	25	18	22	23	23	8
	Total	532	43	54	61	33	50	46	36	37	44	53	35
Cumberland.....	M.....	115	19	12	15	9	10	2	8	11	9	7	7
	F.....	112	7	15	11	13	6	12	4	9	9	3	11
	Total	227	26	27	26	22	16	14	20	15	18	16	18
DeKalb	M.....	98	8	9	9	8	6	7	8	9	10	6	9
	F.....	84	7	6	8	9	5	6	8	4	12	5	8
	Total	182	15	15	17	17	11	13	16	13	22	11	17
DeWitt	M.....	93	16	11	11	6	8	10	7	8	7	3	1
	F.....	90	6	7	8	9	9	9	3	5	4	6	6
	Total	173	22	18	19	15	17	19	10	13	11	9	11
Douglas	M.....	146	11	16	24	5	14	13	6	5	8	12	9
	F.....	149	13	10	28	8	12	26	7	8	5	15	13
	Total	295	24	26	52	13	26	39	13	13	13	27	36
DuPage	M.....	119	10	9	11	8	9	11	11	10	12	8	13
	F.....	116	9	11	12	10	8	13	9	8	11	13	5
	Total	235	19	20	23	18	17	24	20	18	23	21	18
Edgar	M.....	243	20	27	18	19	19	15	28	25	25	21	4
	F.....	215	14	17	22	14	11	27	30	13	20	18	13
	Total	458	34	44	40	33	30	42	58	38	45	39	17
Edwards	M.....	135	13	10	7	7	11	12	9	16	14	17	11
	F.....	122	10	14	12	6	12	7	9	8	10	8	12
	Total	257	23	24	19	13	23	19	18	24	24	25	23
Eflingham	M.....	69	8	4	5	6	9	4	5	5	4	6	5
	F.....	87	5	9	8	7	4	9	8	8	9	7	8
	Total	156	13	13	13	13	13	13	13	13	13	13	13
Fayette	M.....	100	13	12	10	9	7	10	6	6	8	7	6
	F.....	126	11	6	14	17	7	12	12	5	10	8	7
	Total	226	24	18	34	26	14	22	18	11	18	15	13

Table XL.—Continued.

The State and Counties.	The Year ..	January ..	February ..	March	April	May	June	July	August	September	October ...	November,	December,	
Ford	M..... F.....	49 52	4 5	3 4	5 5	4 3	3 3	4 4	12 13	3 4	5 5	5 6	6 7	5 3
	Total	101	9	7	10	7	6	8	5	7	10	11	13	8
Franklin	M..... F.....	97 91	5 14	14 6	15 6	7 12	5 8	7 9	9 9	8 6	8 9	7 6	8 1	4 5
	Total	188	19	20	21	19	13	16	18	14	17	13	9	9
Fulton	M..... F.....	134 126	11 7	15 25	21 11	12 10	14 13	10 8	9 12	9 14	7 5	10 9	4 6	12 6
	Total	260	18	40	32	22	27	18	21	23	12	19	10	18
Gallatin	M..... F.....	101 81	11 7	14 6	7 7	11 5	6 8	5 4	6 9	7 7	10 9	7 8	10 3	7 8
	Total	182	18	20	14	16	14	9	15	14	19	15	13	15
Greene	M..... F.....	121 84	11 8	17 11	12 6	6 7	8 8	9 12	3 5	9 6	9 8	15 3	11 3	11 7
	Total	205	19	28	18	13	16	21	8	15	17	18	14	18
Grundy	M..... F.....	82 34	7 3	5 1	6 2	8 4	5 1	9 5	4 2	10 4	8 3	6 3	5 5	9 1
	Total	116	10	6	8	12	6	14	6	14	11	9	10	10
Hamilton	M..... F.....	190 183	23 19	26 13	16 20	21 15	18 23	8 13	9 20	18 11	15 20	15 12	13 8	8 9
	Total	373	42	39	36	36	41	21	29	29	35	27	21	17
Hancock	M..... F.....	191 159	16 13	18 15	14 12	16 13	19 14	13 12	16 13	18 11	14 16	16 13	18 15	13 12
	Total	350	29	33	26	29	33	25	29	29	30	29	33	25
Hardin	M..... F.....	49 46	..... .....	..... .....	..... .....	1 1	4 7	4 12	10 2	8 8	4 6	5 3	6 3	7 4
	Total	95	.....	.....	.....	2	11	16	12	16	10	8	9	11
Henderson	M..... F.....	86 77	5 3	8 5	14 8	4 5	2 11	4 2	8 7	7 9	11 3	9 9	9 7	5 8
	Total	163	8	13	22	9	13	6	15	16	14	18	16	13
Henry	M..... F.....	295 294	33 39	20 21	40 27	19 25	18 17	22 30	12 14	17 27	33 28	33 20	4 10	44 36
	Total	589	72	41	67	44	35	52	26	44	61	53	14	80
Iroquois	M..... F.....	206 205	20 12	19 24	22 25	18 25	10 13	16 19	10 11	18 12	20 18	16 14	16 19	21 13
	Total	411	32	43	47	43	23	35	21	30	38	30	35	34
Jasper	M..... F.....	222 212	23 27	24 20	23 17	18 20	11 19	20 19	12 14	12 17	22 22	25 13	14 10	18 14
	Total	434	50	44	40	38	30	39	26	29	44	33	24	32

Table XL.—Continued.

The State and Counties.	The year.	January	February	March	April	May	June	July	August	September	October	November	December
JoDavies	M.....	61	5	6	3	7	5	4	6	4	3	5	5
	F.....	57	5	2	4	6	3	7	5	5	2	3	7
	Total	118	10	8	7	13	8	11	11	9	5	8	12
Johnson	M.....	79	14	12	9	5	6	3	8	6	5	4	7
	F.....	76	7	9	5	7	4	3	2	9	14	5	2
	Total	155	21	21	14	12	10	3	10	15	19	9	5
Kendall	M.....	61	7	7	6	7	5	3	5	5	4	3	6
	F.....	51	6	6	5	4	4	5	4	3	2	4	4
	Total	112	13	13	11	11	9	8	9	8	6	7	10
Knox	M.....	167	6	41	13	20	17	6	16	8	12	9	7
	F.....	158	7	24	13	19	9	7	10	18	14	17	6
	Total	325	13	65	26	39	26	13	26	26	26	26	13
Lake	M.....	85	15	7	5	9	5	8	9	5	7	3	5
	F.....	53	9	3	4	4	3	1	3	2	5	8	6
	Total	138	24	10	9	13	8	9	12	7	12	11	11
LaSalle	M.....	475	40	35	38	42	46	34	37	43	42	38	44
	F.....	459	38	31	36	44	43	32	30	38	40	39	46
	Total	934	78	66	74	86	89	66	67	81	82	77	90
Lawrence	M.....	177	18	16	20	7	16	14	13	13	9	14	20
	F.....	173	16	15	20	9	17	14	14	12	10	12	21
	Total	350	34	31	40	16	33	28	27	25	19	26	41
Lee	M.....	88	10	8	2	6	13	11	8	10	4	6	6
	F.....	78	12	9	3	4	9	9	9	5	8	4	1
	Total	166	22	17	5	10	22	20	17	15	12	10	7
Livingston	M.....	160	15	17	18	16	15	15	7	21	14	9	4
	F.....	123	15	12	11	10	13	11	11	5	12	8	6
	Total	283	30	29	32	26	28	26	18	26	26	17	10
Logan	M.....	182	15	17	21	14	17	13	14	16	8	9	19
	F.....	157	10	13	12	7	10	19	16	15	13	10	19
	Total	339	25	30	36	21	27	32	30	31	21	19	38
Macon	M.....	280	26	29	23	15	29	20	19	17	31	17	23
	F.....	224	23	17	20	18	23	8	22	13	10	19	28
	Total	504	49	46	43	33	52	28	41	30	41	36	51
Macoupin	M.....	297	32	29	29	29	21	11	51	17	23	17	20
	F.....	274	21	27	23	32	25	7	41	20	21	15	24
	Total	571	53	56	52	61	46	18	92	37	44	32	44
Marion	M.....	213	22	15	28	14	13	21	18	17	12	15	11
	F.....	182	14	22	27	17	9	18	22	8	10	15	10
	Total	395	36	37	55	31	22	39	40	25	22	30	21

Table XL—Continued.

The State and Counties.	The year..	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October...	November.	December.
Marshall M.....	149	10	7	9	9	10	21	20	9	15	29	5	14
Marshall F.....	122	12	6	12	7	14	12	6	9	9	10	12	13
Total	271	22	13	21	16	24	33	26	18	24	30	17	27
Mason M.....	95	4	8	8	7	9	3	11	10	5	17	4	9
Mason F.....	63	2	5	9	1	3	8	6	12	6	3	3	11
Total	164	6	13	17	8	12	11	17	22	11	20	7	20
Massac M.....	4	2	1				1						
Massac F.....	21	5	5	3	3	2	1	1		1			
Total	25	7	6	3	3	2	2	1		1			
McHenry M.....	162	9	16	13	11	22	11	11	11	18	14	18	8
McHenry F.....	128	11	9	16	10	18	10	8	7	12	7	10	10
Total	290	20	25	29	21	40	21	19	18	30	21	28	18
McLean M.....	370	25	31	29	28	33	28	38	33	33	34	36	22
McLean F.....	305	22	18	39	32	31	23	22	21	22	30	20	25
Total	675	47	49	68	60	64	51	60	54	55	64	56	47
Menard M.....	125	17	7	10	10	10	8	10	13	11	8	14	7
Menard F.....	111	10	13	13	13	10	6	9	8	11	5	8	5
Total	236	27	20	23	23	20	14	19	21	22	13	22	12
Mercer M.....	199	16	21	15	13	18	15	18	16	12	20	14	21
Mercer F.....	196	22	18	19	21	22	9	7	17	13	15	13	20
Total	395	38	39	34	34	40	24	25	33	25	35	27	41
Monroe M.....	223	20	23	20	17	13	21	16	13	25	19	17	19
Monroe F.....	210	25	18	26	13	13	11	10	13	22	22	19	18
Total	433	45	41	46	30	26	32	26	26	47	41	36	37
Montgomery M.....	270	18	30	26	27	28	22	23	24	19	24	14	15
Montgomery F.....	308	16	13	27	26	29	17	27	35	35	25	25	33
Total	578	34	43	53	53	57	39	50	59	54	49	39	48
Moultrie M.....	144	14	9	14	13	13	17	8	10	12	11	8	15
Moultrie F.....	140	15	12	9	10	14	15	11	7	6	12	11	18
Total	284	29	21	23	23	27	32	19	17	18	23	19	33
Ogle M.....	52	3	3	6	2	7	4	1	5	6	3	5	7
Ogle F.....	37	7	2	4	1	2	6	2	2	12	2	2	5
Total	89	10	5	10	3	9	10	3	7	8	5	7	12
Peoria M.....	429	48	29	41	19	35	47	30	22	35	53	38	32
Peoria F.....	406	43	37	44	28	41	35	21	20	33	41	44	19
Total	835	91	66	85	47	76	82	51	42	68	94	82	51
Perry M.....	71	6	8	7	6	8	7	5	5	6	4	4	5
Perry F.....	48	5		6	2	8	4	2	5	4	3	4	5
Total	119	11	8	13	8	16	11	7	10	10	7	8	10

Table XL.—Continued.

The State and Counties.		The year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Piatt.....	M.....	110	14	4	6	13	1	12	5	21	20	3	4	4
	F.....	103	9	3	11	8	1	15	4	18	16	7	12	6
	Total	213	23	7	17	21	2	27	9	42	36	10	16	10
Pike.....	M.....	118	17	14	8	7	6	16	9	7	8	12	5	9
	F.....	153	16	11	14	7	10	11	14	15	11	11	19	14
	Total	271	33	25	22	14	16	27	23	22	19	23	24	23
Pope.....	M.....	97	16	12	8	10	4	9	5	3	8	10	3	9
	F.....	165	9	2	12	10	5	3	5	7	2	4	4	3
	Total	163	25	14	20	20	9	12	10	10	10	14	7	12
Pulaski.....	M.....	5	1						1			2	1	
	F.....	1		1										
	Total	6	1	1					1			2	1	
Putnam.....	M.....	11	1	2		1				1	2	1		3
	F.....	23	4	2	2	5	2	3	1	1			2	1
	Total	34	5	4	2	6	2	3	1	2	2	1	2	4
Randolph.....	M.....	179	20	19	15	8	12	12	29	15	13	14	9	13
	F.....	119	17	15	14	10	19	9	12	9	11	13	11	9
	Total	328	37	34	29	18	31	21	41	24	24	27	20	22
Richland.....	M.....	150	19	6	23	10	15	9	5	16	11	12	7	17
	F.....	136	15	7	29	3	11	4	8	11	15	14	6	13
	Total	286	34	13	52	13	26	13	13	28	26	26	13	30
Rock Island.....	M.....	329	30	32	18	20	32	29	27	26	35	11	19	50
	F.....	337	24	19	34	19	53	36	26	29	41	17	26	33
	Total	666	54	51	52	39	65	65	53	55	76	28	45	83
Saline.....	M.....	10	1	2	1		1	1		1	2		1	
	F.....	8			1	1	3			1			1	1
	Total	18	1	2	2	1	4	1		2	2		2	1
Sangamon.....	M.....	273	25	26	26	20	15	14	22	27	32	18	20	28
	F.....	254	25	27	20	17	29	16	19	21	30	18	17	24
	Total	527	50	53	46	37	35	30	41	48	62	36	37	52
Schuyler.....	M.....	76	5	14	7	8	4	6	10	3	4	6	4	5
	F.....	72	3	11	5	9	5	3	15	2	4	2	5	8
	Total	148	8	25	12	17	9	9	25	5	8	8	9	13
Scott.....	M.....	31	3	3				4	3	3	8	1	4	2
	F.....	32	4	3				9		3	4	1		8
	Total	63	7	6				13	3	6	12	2	4	10
Shelby.....	M.....	189	25	18	15	13	9	12	7	11	46	10	7	16
	F.....	148	14	14	7	12	8	22	6	19	10	12	4	20
	Total	337	39	32	22	25	17	34	13	30	56	22	11	36

Table XL.—Continued.

The State and Counties.	The year..	January...	February..	March	April....	May.....	June.....	July	August	September	October ...	November.	December.
Stark.....M.....	12			1	2	1		3	1	1	1	2	...
F.....	21	1	1				1			5	5	8	...
Total	33	1	1	1	2	1	1	3	1	6	6	10	...
St. Clair.....M.....	553	67	55	45	33	35	50	51	32	47	48	47	43
F.....	494	45	55	42	41	27	35	39	50	40	36	43	41
Total	1,047	112	110	87	74	62	85	90	82	87	84	90	84
Stephenson...M.....	222	14	15	14	14	18	21	22	23	23	21	25	12
F.....	206	18	17	18	7	24	17	17	18	18	18	23	12
Total	428	32	32	32	21	41	38	39	41	41	39	48	24
Tazewell.....M.....	193	20	15	17	16	20	16	14	19	16	3	16	21
F.....	159	25	11	22	11	6	11	12	7	10	10	13	21
Total	352	45	26	39	27	26	27	26	26	26	13	29	42
Union.....M.....	157	15	15	15	12	16	12	9	13	11	11	15	13
F.....	149	15	20	12	12	10	14	6	13	5	12	14	19
Total	306	30	35	27	24	26	26	15	26	16	23	26	32
Vermilion...M.....	289	24	33	27	22	30	24	12	21	33	20	23	20
F.....	217	16	26	23	23	18	17	12	18	17	12	15	20
Total	506	40	59	50	45	48	41	24	39	50	32	38	40
Wabash.....M.....	152	12	16	18	15	11	14	11	13	16	9	7	10
F.....	154	21	14	10	17	7	6	18	13	18	11	11	8
Total	306	33	30	28	32	18	20	29	26	34	20	18	18
Warren.....M.....	251	17	20	29	20	18	24	21	27	19	19	19	18
F.....	197	19	19	19	12	14	17	11	23	12	15	18	18
Total	448	36	39	48	32	32	41	32	50	31	34	37	36
Wayne.....M.....	174	23	13	12	14	12	17	23	12	18	14	6	10
F.....	175	19	28	15	15	6	12	14	14	15	13	11	13
Total	349	42	41	27	29	18	29	37	26	33	27	17	23
White.....M.....	343	35	30	45	26	29	26	19	25	21	23	28	31
F.....	325	30	30	35	29	41	25	20	8	19	27	35	26
Total	668	65	60	80	55	70	51	39	33	40	50	63	62
Whiteside...M.....	297	55	8	18	38	20	16	24	23	21	19	25	30
F.....	267	72	20	11	17	17	22	24	9	7	33	11	24
Total	564	127	28	29	55	37	38	48	32	28	52	36	54
Williamson...M.....	94	9	4	14	7	9	7	12	7	13	4	5	3
F.....	88	13	7	10	6	3	7	13	5	14	5	4	1
Total	182	22	11	24	13	12	14	25	12	27	9	9	4

Table XL—Continued.

The State and Counties.		The year...	January...	February...	March....	April.....	May.....	June.....	July.....	August....	September.	October....	November.	December.
Winnebago.....	M.....	232	13	11	27	21	23	17	26	25	26	14	11	15
	F.....	242	22	17	30	22	24	19	15	23	19	17	22	12
	Total	474	35	28	57	46	47	36	41	48	45	31	33	27
Woodford	M.....	149	14	15	11	12	12	7	9	14	16	15	12	12
	F.....	128	12	11	7	9	14	6	5	13	10	12	14	15
	Total	277	26	26	18	21	26	13	14	27	26	27	26	27

TABLE XLI.—*Births reported during the year 1884: LOCALITIES:*
"Cities," over 5,000 population; "Towns," over 500, under 5,000;
"Country," places less than 500.

The State and Counties.		The year..	January....	February..	March	April.....	May.....	June.....	July.....	August.....	September	October....	November.	December
Illinois.....	Cities...	19,788	1,744	1,741	1,806	1,450	1,510	1,537	1,654	1660	1737	1628	1666	1625
	Towns...	9,377	877	794	878	754	725	716	760	819	829	736	661	828
	Country	16,714	1,677	1,576	1,625	1,356	1,337	1,297	1,307	1330	1443	1291	1143	1332
	Total.	45,879	4,298	4,111	4,309	3,560	3,602	3,550	4,721	3809	4009	3655	3470	3785
Adams.....	Cities...	411	35	40	50	43	28	33	20	20	35	25	40	42
	Towns...	62	4	5	8	9	5	7	4	4	4	4	2	8
	Country	272	24	24	20	33	16	12	40	11	37	11	10	34
	Total.	745	63	69	78	85	47	52	64	35	76	40	52	84
Bond.....	Cities...	106	11	9	8	24	6	4	2	9	5	5	2	21
	Towns...	302	21	29	40	14	24	32	18	17	29	36	13	29
	Country	408	32	38	43	38	30	36	20	26	34	41	15	50
	Total.	816	64	76	91	76	60	72	40	52	78	92	30	100
Boone.....	Cities...	53	2	6	9	7	2	1	5	5	3	7	4	2
	Towns...	94	12	6	11	10	8	4	15	5	4	7	7	5
	Country	147	14	12	20	17	10	5	20	10	7	14	11	7
	Total.	294	28	24	40	34	20	10	40	25	17	35	32	24
Bureau.....	Cities...	212	25	16	19	16	15	21	15	28	14	18	11	14
	Towns...	183	16	30	10	12	17	11	20	15	14	10	21	7
	Country	395	41	46	29	28	32	32	35	43	23	28	32	21
	Total.	790	82	92	58	56	64	64	70	86	51	56	64	42
Calhoun.....	Cities...	110	21	21	6	2	12	1	7	6	6	6	6	16
	Towns...	110	21	21	6	2	12	1	7	6	6	6	6	16
	Country	110	21	21	6	2	12	1	7	6	6	6	6	16
	Total.	330	63	63	18	6	24	2	20	18	18	18	18	48
Carroll.....	Cities...	86	8	10	8	6	5	3	10	8	6	2	3	17
	Towns...	151	16	19	17	11	9	7	20	16	9	4	7	16
	Country	237	24	29	25	17	14	10	30	24	15	6	10	33
	Total.	474	48	58	50	34	28	20	60	48	30	12	20	66
Cass.....	Cities...	75	9	7	12	7	3	2	4	8	5	3	8	7
	Towns...	66	3	7	8	3	4	2	6	6	6	9	6	6
	Country	141	12	14	20	10	7	4	10	14	11	12	14	13
	Total.	282	34	38	40	20	14	8	24	38	32	34	38	36
Champaign.....	Cities...	41	3	2	5	3	4	5	5	4	2	5	2	1
	Towns...	61	4	3	8	5	6	6	7	6	4	7	3	2
	Country	141	10	7	19	12	16	14	17	15	7	15	7	2
	Total.	243	17	12	32	20	26	25	29	25	13	27	12	5

Table XLI.—Continued.

The State and Counties.		The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October.....	November.	December.
Christian.....	Cities.....													
	Towns.....	96	6	9	8	6	9	7	9	13	8	9	7	5
	Country.....	285	18	30	23	20	28	21	27	34	18	18	21	27
Total.		381	24	39	31	26	37	28	36	47	26	27	28	32
Clark.....	Cities.....													
	Towns.....	47	5	10	6	2	1	4	3	3	5	3	2	3
	Country.....	280	28	42	29	22	14	25	25	25	21	16	12	17
Total.		327	33	52	35	24	15	29	29	28	29	19	14	20
Clay.....	Cities.....													
	Towns.....	65	9	5	6	10	3	6	3	6	8	4	3	2
	Country.....	195	30	8	20	29	10	20	10	20	18	9	10	11
Total.		260	39	13	26	39	13	26	13	26	26	13	13	13
Coles.....	Cities.....	103	3	4	14	9	8	7	13	4	10	11	6	14
	Towns.....	161	7	8	11	12	14	17	21	12	13	15	13	18
	Country.....	308	30	31	35	27	23	18	16	22	24	32	24	26
Total.		572	40	43	60	48	45	42	50	38	47	58	43	58
Cook.....	Cities.....	15,064	1,348	1,306	1,361	1,128	1,133	1,144	1,261	1,335	1,321	1,223	1,260	1,214
	Towns.....	2,187	193	163	179	148	110	160	192	220	219	215	155	180
	Country.....	670	76	63	62	50	47	43	55	50	56	62	50	50
Total.		17,921	1,614	1,562	1,602	1,332	1,346	1,347	1,508	1,605	1,596	1,500	1,465	1,444
Crawford.....	Cities.....													
	Towns.....	51	1	5	1	6	3	4	2	5	3	10	8	3
	Country.....	481	42	49	60	27	47	42	34	32	41	43	32	32
Total.		532	43	54	61	33	50	46	36	37	44	53	40	35
Cumberland.....	Cities.....													
	Towns.....	52	5	6	8	7	6	5	4	4	5	2	1	1
	Country.....	175	21	21	18	15	10	11	16	11	13	14	8	17
Total.		227	26	27	26	22	16	14	20	15	18	16	9	18
DeKalb.....	Cities.....													
	Towns.....	76	8	8	7	7	4	4	5	4	8	4	8	9
	Country.....	106	7	7	10	10	7	9	11	9	14	7	7	8
Total.		182	15	15	17	17	11	13	16	13	22	11	15	17
DeWitt.....	Cities.....													
	Towns.....	53	8	8	6	4	5	5	4	3	4		4	2
	Country.....	120	14	10	13	11	12	14	6	10	7	9	5	9
Total.		173	22	18	19	15	17	19	10	13	11	9	9	11
Douglas.....	Cities.....													
	Towns.....	45	3	6	5			2	1		4	10	4	10
	Country.....	250	21	20	47	13	26	37	12	13	9	17	9	26
Total.		295	24	26	52	13	26	39	13	13	13	27	13	36
DuPage.....	Cities.....													
	Towns.....	82	6	7	8	6	6	8	7	6	8	7	4	9
	Country.....	153	13	13	15	12	11	16	13	12	15	14	10	9
Total.		235	19	20	23	18	17	24	20	18	23	21	14	18

Table XLI.—Continued.

The State and Counties,		The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September	October....	November..	December.
Edgar.....	Cities...	96	5	8	6	4	4	12	15	5	9	16	8	4
	Towns..	362	29	36	34	29	26	30	43	33	36	23	30	13
	Country													
Total.		458	34	44	40	33	30	42	58	38	45	39	38	17
Edwards.....	Cities...	40	5	3	2	1	1	3	4	1	5	2	6	7
	Towns..	217	18	21	17	12	22	16	14	23	19	23	16	16
	Country													
Total.		257	23	24	19	13	23	19	18	24	24	25	22	23
Effingham.....	Cities...	38	6	1	1	2	2	2	2	6	4	2	5	7
	Towns..	118	7	12	12	13	11	11	11	7	9	11	8	6
	Country													
Total.		156	13	13	13	13	13	13	13	13	13	13	13	13
Fayette.....	Cities...	35	3	3	5	6		5	1	2	4	3	2	1
	Towns..	191	21	15	29	20	14	17	17	9	14	12	11	12
	Country													
Total.		226	24	18	34	26	14	22	18	11	18	15	13	13
Ford.....	Cities...	22	2	1	2	2	1	1	1	2	2	2	3	3
	Towns..	79	7	6	8	5	5	7	4	5	8	9	10	5
	Country													
Total.		101	9	7	10	7	6	8	5	7	10	11	13	8
Franklin.....	Cities...													
	Towns..	188	19	20	21	19	13	16	18	14	17	13	9	9
	Country													
Total.		188	19	20	21	19	13	16	18	14	17	13	9	9
Fulton.....	Cities...	125	7	24	26	8	9	8	8	9	6	7	6	7
	Towns..	135	11	16	6	14	18	10	13	14	6	12	4	11
	Country													
Total.		260	18	40	32	22	27	18	21	23	12	19	10	18
Gallatin.....	Cities...	39	3	4	2	3	2	1	3	3	4	3	2	9
	Towns..	143	15	16	12	13	12	8	12	11	15	12	11	6
	Country													
Total.		182	18	20	14	16	14	9	15	14	19	15	13	15
Greene.....	Cities...	68	6	9	6	4	6	7	12	5	6	6	5	6
	Towns..	137	13	19	12	9	10	14	6	10	11	12	9	12
	Country													
Total.		205	19	28	18	13	16	21	8	15	17	18	14	18
Grundy.....	Cities...	52	4	2	3	6	3	6	2	6	6	4	4	6
	Towns..	64	6	4	5	6	3	8	4	8	5	5	6	4
	Country													
Total.		116	10	6	8	12	6	14	6	14	11	9	10	10
Hamilton.....	Cities...	118	10	7	10	14	13	11	14	10	13	3	2	11
	Towns..	255	32	32	26	22	28	10	15	19	22	24	19	6
	Country													
Total.		373	42	39	36	36	41	21	29	29	35	27	21	10

Table XLI—Continued.

The State and Counties.	The year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Hancock	Cities...												
	Towns...	72	7	8	1	6	8		6	11	7	4	10
	Country	278	22	25	25	23	25	23	18	23	25	23	21
	Total.	350	29	33	26	29	33	25	29	29	30	29	33
Hardin	Cities...												
	Towns...												
	Country	95				2	11	16	12	16	10	8	9
	Total.	95				2	11	16	12	16	10	8	9
Henderson	Cities...												
	Towns...	14	4	1	2	1		2	2	1		1	
	Country	149	4	12	20	8	13	13	11	13	18	15	13
	Total.	163	8	13	22	9	13	15	16	14	18	16	13
Henry	Cities...												
	Towns...	196	24	14	22	15	12	17	9	15	20	18	6
	Country	393	48	27	45	29	23	35	17	30	41	35	8
	Total.	589	72	41	67	44	35	52	26	44	61	53	14
Iroquois	Cities...												
	Towns...	91	4	11	10	8	5	11	6	5	9	6	10
	Country	320	28	32	37	35	18	24	15	25	29	24	25
	Total.	411	32	43	47	43	23	35	21	30	38	30	35
Jasper	Cities...												
	Towns...	434	50	44	40	38	30	39	26	29	41	38	21
	Country												
	Total.	434	50	44	40	38	30	39	26	29	41	38	21
JoDavies	Cities...	24	2	2	1	3	1	2	2	1	3	1	2
	Towns...	17	1	1	1	2	1	1	1	3	2	1	4
	Country	77	7	5	5	8	6	8	8	5	11	4	5
	Total.	118	10	8	7	13	8	11	11	9	16	5	8
Johnson	Cities...												
	Towns...	34	1	5	1	2	2		6	1	2	1	13
	Country	121	20	16	13	10	8	3	10	9	18	7	4
	Total.	155	21	21	14	12	10	3	10	15	19	9	16
Kendall	Cities...												
	Towns...	32	2	2	2	1	4	3	2	4	2	1	2
	Country	80	5	5	9	3	12	9	6	9	5	4	4
	Total.	112	10	7	11	4	16	12	8	13	7	5	6
Knox	Cities...	92	2	22	8	5	8	4	9	5	11	10	3
	Towns...	72	1	15	5	9	5	2	5	8	7	10	3
	Country	161	10	28	13	25	13	7	12	13	8	6	20
	Total.	325	13	65	26	39	26	13	26	26	26	26	13
Lake	Cities...	65	6	5	2	6	4	6	11	5	8	5	5
	Towns...	46	10	5	5	2	2	1	1	1	3	6	7
	Country	27	8		2	5	2	2		1			6
	Total.	138	24	10	9	13	8	9	12	7	12	11	11

Table XLI—Continued.

The State and Counties.		The year ..	January...	February..	March	April.....	May.....	June.....	July.....	August	September.	October...	November.	December.
LaSalle	Cities...	467	59	34	37	43	44	33	33	40	41	39	37	47
	Towns...	233	19	18	19	21	22	16	17	20	20	19	18	24
	Country	231	20	17	18	22	23	17	17	21	21	19	20	19
	Total.	931	78	69	74	86	89	66	67	81	82	77	75	90
Lawrence.....	Cities...	10	2	1	2	1	1	1	1	1	1	1	1	3
	Towns...	310	32	30	38	16	33	27	26	25	19	26	30	38
	Country	340	32	30	38	16	33	27	26	25	19	26	30	38
	Total.	350	34	31	40	16	33	28	27	25	19	26	30	41
Lee	Cities...	52	7	6	2	3	7	6	6	5	4	3	3	...
	Towns...	114	15	11	3	7	15	14	11	10	8	7	6	7
	Country	114	15	11	3	7	15	14	11	10	8	7	6	7
	Total	166	22	17	5	19	22	20	17	15	12	10	9	7
Livingston ...	Cities...	283	30	29	32	26	28	26	18	26	26	17	15	10
	Towns...	283	30	29	32	26	28	26	18	26	26	17	15	10
	Country	283	30	29	32	26	28	26	18	26	26	17	15	10
	Total.	283	30	29	32	26	28	26	18	26	26	17	15	10
Logan	Cities...	133	9	19	13	3	12	11	14	5	8	8	19	12
	Towns...	206	16	11	23	18	15	21	16	26	13	11	10	26
	Country	206	16	11	23	18	15	21	16	26	13	11	10	26
	Total.	339	25	30	36	21	27	32	30	31	21	19	29	38
Macon.....	Cities...	250	12	21	24	11	26	20	26	11	22	20	34	23
	Towns...	245	34	25	19	21	25	8	14	19	22	15	17	26
	Country	9	3	...	...	1	1	...	1	...	...	1	...	2
	Total.	504	49	46	43	33	52	28	41	30	44	36	51	51
Macoupin.....	Cities...	190	17	19	18	21	15	6	30	12	11	10	12	19
	Towns...	381	36	37	34	40	31	12	62	25	33	22	24	25
	Country	381	36	37	34	40	31	12	62	25	33	22	24	25
	Total.	571	53	56	52	61	46	18	92	37	44	32	36	44
Marion	Cities...	130	17	11	20	9	7	7	18	4	4	12	13	8
	Towns...	265	19	26	35	22	15	32	22	21	18	18	24	13
	Country	265	19	26	35	22	15	32	22	21	18	18	24	13
	Total.	395	36	37	55	31	22	39	40	25	22	30	37	21
Marshall	Cities...	271	22	13	21	16	24	33	26	18	24	30	17	27
	Towns...	271	22	13	21	16	24	33	26	18	24	30	17	27
	Country	271	22	13	21	16	24	33	26	18	24	30	17	27
	Total.	271	22	13	21	16	24	33	26	18	24	30	17	27
Mason.....	Cities...	54	2	4	6	2	4	3	06	8	4	6	...	7
	Towns...	110	4	9	11	6	8	8	11	14	7	14	5	13
	Country	110	4	9	11	6	8	8	11	14	7	14	5	13
	Total.	164	6	13	17	8	12	11	17	22	11	20	7	20
Massac.....	Cities...	16	7	6	2	1	...	...	...	...	...	...	...	...
	Towns...	9	...	...	1	2	2	2	1	...	1	...	...	...
	Country	9	...	...	1	2	2	2	1	...	1	...	...	...
	Total.	25	7	6	3	3	2	2	1	...	1	...	...	...

Table XLI—Continued.

The State and Counties.	The year ..	January..	February..	March	April.....	May.....	June.....	July.....	August	September.	October ...	November.	December.
McHenry	Cities...												
	Towns...	120	8	10	12	10	14	10	7	7	14	8	12
	Country	170	12	15	17	11	26	11	12	11	16	13	10
	Total.	290	20	25	29	21	40	21	19	18	30	21	28
McLean	Cities...	352	30	29	31	30	34	23	34	27	25	38	30
	Towns...	283	16	18	35	26	25	24	23	24	27	23	19
	Country	40	2	2	2	4	5	4	3	3	3	3	7
	Total.	675	47	49	68	60	64	51	60	54	55	64	47
Menard	Cities...												
	Towns...	98	9	8	6	8	8	8	9	9	4	12	6
	Country	138	18	12	17	15	12	8	12	13	9	10	6
	Total.	236	27	20	23	23	20	14	19	21	22	22	12
Mercer	Cities...												
	Towns...	131	13	14	11	10	14	9	11	8	10	9	17
	Country	261	25	25	23	24	26	16	16	22	17	25	18
	Total.	395	38	39	34	34	40	24	25	33	25	35	27
Monroe	Cities...												
	Towns...	150	15	14	19	10	9	9	11	16	17	12	7
	Country	283	30	27	27	20	17	11	17	15	31	24	30
	Total.	433	45	41	46	30	26	32	26	26	47	41	37
Montgomery...	Cities...												
	Towns...	243	12	11	20	28	25	18	20	31	27	16	14
	Country	335	22	32	33	25	32	21	30	28	27	33	25
	Total.	578	34	43	53	53	57	39	50	59	54	49	39
Montricie	Cities...												
	Towns...	94	9	7	8	8	9	11	6	5	6	8	6
	Country	190	20	14	15	15	18	21	13	12	12	15	13
	Total.	284	29	21	23	23	27	32	19	17	18	23	19
Ogle	Cities...												
	Towns...	39	3	2	3	1	3	2	3	5	2	5	6
	Country	50	7	3	7	2	6	6	1	4	3	3	2
	Total.	89	10	5	10	3	9	10	3	7	8	5	7
Peoria	Cities...	658	52	51	76	24	60	71	41	36	46	88	73
	Towns...	23	6	1	2	2	2	1	1	7	7	1	3
	Country	154	33	14	9	21	16	11	9	6	15	5	6
	Total.	835	91	66	85	47	76	82	51	42	68	94	82
Perry	Cities...												
	Towns...	43	4	4	4	3	4	5	4	4	3	2	2
	Country	76	7	4	9	5	12	6	3	6	7	5	4
	Total.	119	11	8	13	8	16	11	7	10	10	7	8
Piatt	Cities...												
	Towns...	76	7	2	5	7	2	8	3	14	14	3	4
	Country	137	16	5	12	14	3	18	6	28	22	7	2
	Total.	213	23	7	17	21	5	27	9	42	36	10	6

Table XLI—Continued.

The State and Counties.	The year...	January...	February..	March.....	April.....	May.....	June.....	July.....	August.....	September.	October....	November.	December
Pike	Cities...												
	Towns..	80	15	7	6	6	11	9	4	5	5	6	6
	Country	191	18	18	16	14	10	16	14	18	14	18	17
	Total.	271	33	25	22	14	16	27	23	23	19	23	23
Pope.....	Cities...												
	Towns..	32	4	2	3	3	1	2	2	4	5	1	3
	Country	131	21	12	17	17	8	10	8	8	6	9	9
	Total.	163	25	14	20	20	9	12	10	10	10	14	12
Pulaski.....	Cities...												
	Towns..												
	Country	6	1	1				1			2	1	
	Total.	6	1	1				1			2	1	
Putman	Cities...												
	Towns..	8			1	1	1	2	1	1			1
	Country	26	5	4	1	5	1	1	2	1	1	2	3
	Total.	34	5	4	2	6	2	3	1	2	2	3	4
Randolph.....	Cities...												
	Towns..	62	7	7	5	4	6	4	8	4	4	5	4
	Country	266	30	27	24	14	25	17	33	20	20	22	18
	Total.	328	37	34	29	18	31	21	41	24	24	27	22
Richland.....	Cities...												
	Towns..	93	5	4	28	5	7	6	4	7	7	3	10
	Country	193	29	9	24	8	19	7	9	20	19	10	20
	Total.	286	34	13	52	13	26	13	13	27	26	13	30
Rock Island....	Cities...	484	38	35	43	15	46	48	42	39	55	20	36
	Towns..	177	15	14	9	24	19	17	10	16	20	8	9
	Country	5	1	2					1		1		16
	Total.	666	54	51	52	39	65	65	53	55	76	28	83
Saline	Cities...												
	Towns..												
	Country	18	1	2	2	1	4	1		2	2	2	1
	Total.	18	1	2	2	1	4	1		2	2	2	1
Sangamon	Cities...	239	29	30	18	22	12	9	21	19	24	13	30
	Towns..	288	21	23	28	15	23	21	20	29	38	23	22
	Country												
	Total.	527	50	53	46	37	35	30	41	48	62	36	52
Schuyler.....	Cities...												
	Towns..	17	1		2				10			4	
	Country	131	7	25	10	17	9	9	15	5	8	8	13
	Total.	148	8	25	12	17	9	9	25	5	8	8	13
Scott.....	Cities...												
	Towns..	45	6	5				10	3	2	8	2	5
	Country	18	1	1				3		4	4		5
	Total.	63	7	6				13	3	6	12	2	10

Table XLI—Continued.

The State and Counties.		The year...	January...	February...	March....	April.....	May.....	June.....	July.....	August.....	September.	October....	November.	December.
Shelby.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	45	3	4	2	5	1	6	3	4	5	4	3	5
	Country	292	36	28	20	26	16	25	19	26	51	18	8	31
	Total.	337	39	32	22	25	17	34	13	30	56	22	11	36
Stark.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
	Country	32	1	1	1	2	.....	1	2	1	6	2	10	4
	Total.	33	1	1	1	2	1	1	3	1	6	2	10	4
St. Clair.....	Cities...	473	46	46	39	37	35	36	40	28	50	45	32	49
	Towns...	245	21	29	23	21	16	20	27	21	13	19	23	12
	Country	329	45	35	25	26	11	29	23	33	24	20	35	23
	Total.	1,047	112	110	87	74	62	85	90	82	87	84	90	84
Stephenson.....	Cities...	189	16	10	12	7	17	14	25	19	18	19	25	7
	Towns...	41	3	5	3	3	4	5	12	2	4	3	5	2
	Country	198	13	17	17	11	20	19	12	20	19	17	18	15
	Total.	428	32	32	32	21	41	38	39	41	41	39	48	24
Tazewell.....	Cities...	45	4	8	2	4	4	5	2	2	4	2	.....	8
	Towns...	51	9	6	9	7	1	5	5	4	.....	.....	3	5
	Country	256	32	12	28	16	21	17	19	20	22	11	26	32
	Total.	352	45	26	39	27	26	27	26	26	26	13	29	42
Union.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	129	10	12	9	8	9	10	6	10	5	9	9	23
	Country	186	29	23	18	16	17	16	9	16	11	14	17	9
	Total.	306	39	35	27	24	26	26	15	26	16	23	26	32
Vermilion.....	Cities...	92	7	9	9	10	10	9	4	8	8	5	8	5
	Towns...	126	10	15	12	12	13	10	6	10	13	8	9	8
	Country	288	23	35	29	23	25	22	14	21	29	19	21	27
	Total.	506	40	59	50	45	48	41	21	39	50	32	38	40
Wabash.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	91	10	8	6	7	8	6	8	10	10	4	7	7
	Country	215	23	22	22	25	10	14	21	16	24	16	11	11
	Total.	306	33	30	28	32	18	20	29	26	34	20	18	18
Warren.....	Cities...	89	8	8	9	6	7	8	6	10	6	7	8	6
	Towns...	149	19	13	19	10	10	13	10	13	9	10	9	14
	Country	210	9	18	20	16	15	20	16	27	16	17	20	16
	Total.	448	36	39	48	32	32	41	32	50	31	34	37	36
Wayne.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	19	2	.....	2	2	1	4	4	2	1	.....	.....	1
	Country	330	40	41	25	27	17	25	33	21	32	27	17	22
	Total.	349	42	41	27	29	18	29	37	26	33	27	17	23
White.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	146	15	10	25	7	16	9	10	8	7	11	13	15
	Country	522	50	50	55	48	54	42	29	25	33	39	50	47
	Total.	668	65	60	80	55	70	51	39	33	40	50	63	62

Table XLI.--Continued.

The State and Counties.		The year.	January....	February..	March.....	April.....	May.....	June.....	July.....	August....	September	October....	November.	December.
Whiteside.....	Cities...	94	21	5	5	9	6	6	8	5	5	9	6	9
	Towns...	141	32	7	7	14	9	10	12	8	7	13	9	13
	Country	329	74	16	17	32	22	22	28	19	16	30	21	32
Total.		564	127	28	29	55	37	38	48	32	28	52	36	54
Williamson	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	67	8	4	8	5	4	5	8	4	9	3	6	3
	Country	115	14	7	16	8	8	9	17	8	18	6	3	1
Total.		182	22	11	24	13	12	14	25	12	27	9	9	4
Winnebago	Cities...	327	29	17	41	38	37	31	22	32	26	19	20	15
	Towns...	96	6	8	10	8	10	1	11	9	11	7	9	6
	Country	51	.....	3	6	.....	.....	4	8	7	8	5	4	6
Total.		474	35	28	57	46	47	36	41	48	45	31	33	27
Woodford.....	Cities...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Towns...	57	6	4	2	3	4	2	3	8	7	3	8	7
	Country	220	20	22	16	18	22	11	11	19	19	24	18	20
Total.		277	26	26	18	21	26	13	14	27	26	27	26	27

TABLE XLII.—*Births reported during the Year 1884: NATIONALITY OF PARENTS. "F," fathers; "M," mothers.*

The State and Counties.		All nation- alities.....	American.....	British Native.....	English.....	Irish.....	Scotch.....	German.....	Scandinavian.....	Polish.....	French.....	Italians.....	Miscellaneous.....	Not given.....
Illinois.....	F. M.	45,879 45,879	23,564 25,669	458 481	1,289 1,001	2,266 2,002	310 259	11,761 10,666	2,750 2,741	745 719	227 133	202 171	571 471	1,399 1,229
Adams.....	F. M.	745 745	428 465	.....	5 4	7 3	..... 4	275 242	.....	.....	.....	.....	.....	30 27
Bond.....	F. M.	408 408	327 358	.....	6 4	.....	1	49 31	1 1	.....	11 6	.....	6 7	7 1
Boone.....	F. M.	147 147	100 95	1	14 17	16 13	3 2	8 12	3 4	.....	.....	.....	.....	2 3
Bureau.....	F. M.	395 395	276 278	2 2	11 9	7 9	5 5	40 34	48 49	.....	1 1	.....	1	5 7
Calhoun...	F. M.	110 110	90 95	.....	2	1 .....	.....	14 11	.....	.....	1 .....	.....	2 .....	..... 2
Carroll.....	F. M.	237 237	177 195	3 2	4 4	2	5 1	31 24	6 7	.....	1 1	.....	.....	8 3
Cass.....	F. M.	141 141	102 103	..... 1	2 3	5 3	.....	28 24	.....	.....	.....	.....	12 12	2 5
Champaign	F. M.	243 243	178 181	.....	7 7	12 8	.....	40 41	.....	1 .....	.....	.....	3 1	3 4
Christian..	F. M.	381 381	313 319	1 3	6 8	8 8	2 2	41 34	.....	.....	.....	.....	4 12	6 5
Clark.....	F. M.	327 327	280 289	.....	8 5	4 4	.....	11 8	.....	.....	.....	.....	.....	24 21
Clay.....	F. M.	260 260	258 258	.....	.....	.....	.....	2 2	.....	.....	.....	.....	.....	.....
Coles.....	F. M.	572 572	535 545	.....	2	17 13	.....	18 11	.....	.....	.....	.....	3.....	.....
Cook.....	F. M.	17,921 17,921	3,521 4,467	319 373	625 475	1,507 1,363	147 128	8,030 7,605	1,875 1,902	726 692	111 73	195 265	262 226	603 458
Crawford..	F. M.	532 532	480 487	.....	2	1 1	1	5 3	.....	.....	.....	.....	.....	43 41
Cumberl'nd	F. M.	227 227	209 215	.....	6 6	5 1	1	3 5	.....	.....	1 .....	.....	.....	2
DeKalb....	F. M.	182 182	108 123	5 5	9 3	16 18	1	26 19	10 9	.....	3 2	.....	3 1	1 2
DeWitt.....	F. M.	173 173	151 162	.....	7 3	5 3	1	7 5	1 .....	.....	.....	.....	1.....	.....
Douglas...	F. M.	295 295	275 281	.....	3 1	5 3	.....	6 8	4 .....	.....	.....	.....	1	1 2
DuPage....	F. M.	235 235	96 115	1	18 14	7 8	4 2	99 82	9 9	.....	1 .....	.....	1 1	8 4
Edgar.....	F. M.	458 458	436 457	.....	10 12	2 3	.....	4 3	.....	.....	.....	.....	1	5 3

Table XLII.—Continued.

The State and Counties,	All nation- alities.....	American..	British American.	English....	Irish	Scottish....	German...	Scandinavian	Polish.....	French	Italians...	Miscellaneous.....	Not given.
Edwards... F. M.	257 257	199 213	1	19 16	2		27 25			1		1 3	7
Effingham.. F. M.	156 156	118 121	1		2 2	2	32 30			1 1			2
Fayette.... F. M.	226 226	200 204		4 3	4 2		15 16			1			2 1
Ford..... F. M.	101 101	59 60		7 6	4 4	1 1	7 8	18 20		2 2		3	
Franklin... F. M.	188 188	184 183					1 2					1 3	2 3
Fulton F. M.	260 260	138 145		10 6	3 1	2	2 2					4 4	101 102
Gallatin.... F. M.	182 182	176 180		1 1	2		2						1 1
Greene..... F. M.	205 205	183 189		1	5 5	1 2	12 8			1			2 1
Grundy F. M.	116 116	63 69		6 6	6 5	9 10	13 11	11 8		2 1	2 2	4 4	
Hamilton.. F. M.	373 373	344 358	3	1	1		21 14						3 1
Hancock... F. M.	350 350	293 309		3 1	1 2	2 1	45 36	1		2		2 1	
Hardin F. M.	95 95	95 95											
Henderson F. M.	163 163	85 86		4 3	7 5		16 11	7 6	1				43 52
Henry..... F. M.	589 589	256 249	3 2	28 23	22 24	4 4	78 88	129 123		1		35 27	42 49
Iroquois... F. M.	411 411	263 291	41 34	13 9	7 4	3 1	46 40	4 3		8 2		24 21	2 6
Jasper F. M.	434 434	395 411		6 4	2 3		20 11		1	2 1			8 4
JoDaviess.. F. M.	118 118	81 87	3	10 6	6 2	2 2	15 17					1 1	3
Johnson ... F. M.	155 155	106 114											49 41
Kendall F. M.	112 112	78 82		3 2	3 4	2 1	10 5	14 15	1 1			1 1	
Knox..... F. M.	325 325	226 239	1 3	7 7	12 7	5	1 69	69 64		1			4 4
Lake	F. M.	138 138	70 82	1 1	15 16	15 11	5 3	21 18		2		4 5	5 2
LaSalle.... F. M.	934 934	395 438	10 8	78 77	79 76	29 19	235 213	56 55	1 12	13 1	1	6 4	31 31
Lawrence . F. M.	350 350	346 346			2 2		2 2						
Lee..... F. M.	166 166	104 97		4 1	14 14		36 35	2 3		1 2		3 2	1 12
Livingston. F. M.	283 283	171 195		15 10	18 14	4 3	47 35	14 14	1 1	2 1		8 7	3 3

Table XLII.--Continued.

The State and Counties.		All nation- alities.....	American..	British American.	English....	Irish.....	Scottish....	German...	Scandinavian.....	Polish.....	French....	Italians....	Miscellaneous.....	Not given.
Logan.....	F. M.	339 339	202 191	..... 1	..... .....	33 37	4 5	100 105	..........	..........	..........	..........	..........	..........
Macon.....	F. M.	504 504	406 426	4 3	6 12	15 5	3 1	35 30	..... .....	..... .....	1 .....	..... .....	3 1	31 26
Macoupin..	F. M.	571 571	458 490	1	21 12	13 10	1 2	60 50	..... .....	1	2 1	..... .....	6 3	8 3
Marion.....	F. M.	395 395	362 362	..... .....	12 8	1 1	..... 3	19 21	..... .....	..... .....	1.....	..........	..........	..........
Marshall...	F. M.	271 271	187 195	3 3	9 9	8 12	12 3	33 31	7 7	..... .....	2 2	1 1	..... .....	9 8
Mason.....	F. M.	164 164	114 124	..... .....	..... 2	2 2	2	41 33	..... .....	..... .....	..... 1	..... .....	2	3 2
Massac.....	F. M.	25 25	22 22	..... .....	..... .....	..... .....	..... 2	2 .....	..... .....	..... 1	..... .....	1.....	..........	..........
McHenry..	F. M.	290 290	179 185	6 7	13 8	12 9	2 2	64 67	3 4	..... .....	1 .....	..... .....	7 5	3 3
McLean....	F. M.	675 675	407 416	2	16 12	34 28	8 6	150 151	..... .....	..... 1	4 2	1 1	43 35	10 18
Menard....	F. M.	236 236	192 181	2	2 4	4 5	1 1	20 17	9 10	..... .....	..... .....	..... .....	2 3	4 12
Mercer.....	F. M.	395 395	300 313	2	12 8	8 3	..... .....	12 3	9 7	..... .....	..... .....	..... .....	3 2	49 59
Monroe....	F. M.	433 433	294 360	..... .....	1 1	6 2	..... .....	123 63	1	2 .....	..... .....	..... .....	6 7	..........
Montgom'ry	F. M.	578 578	446 464	2 3	15 11	26 19	1 1	66 57	2 5	1	2 4	..... .....	7 5	10 9
Moultrie...	F. M.	284 284	266 270	..... .....	1 1	2 1	1	6 4	..... .....	..... .....	..... 1	..... .....	..... .....	8 7
Ogle.....	F. M.	89 89	53 54	4 2	6 5	1 1	..... .....	17 19	2 2	..... .....	..... .....	..... .....	3 3	3 3
Peoria.....	F. M.	835 835	448 492	3 3	17 6	57 52	4 4	220 208	19 20	4 5	2 3	..... .....	14 15	38 27
Perry.....	F. M.	119 119	90 99	..... .....	1	1 1	..... .....	24 18	..... .....	1 .....	..... .....	..... .....	..... .....	2 1
Piatt.....	F. M.	213 213	144 155	..... .....	5 5	9 8	..... .....	22 11	..... .....	..... .....	..... .....	..... .....	3 2	30 34
Pike.....	F. M.	271 271	244 255	2	6 7	5 3	..... .....	7 3	..... .....	..... .....	..... 1	..... .....	1	6 2
Pope.....	F. M.	163 163	149 151	..... .....	1 .....	..... .....	..... .....	10 9	..... .....	..... .....	..... .....	..... .....	..... .....	3
Pulaski....	F. M.	6 6	6 6	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........
Putnam....	F. M.	31 31	30 30	..... .....	..... .....	2 2	..... .....	2	1.....	..........	..........	..........	..........	..........
Randolph..	F. M.	328 328	217 266	..... .....	3 1	6 1	..... 1	95 53	1	1 1	..... 2	..... .....	3 1	2 2
Richland..	F. M.	286 286	226 240	..... 1	3 1	1 .....	..... .....	18 11	..... .....	..... .....	..... .....	..... .....	5 5	33 28
Rock Isl'nd	F. M.	666 666	285 320	8 8	20 14	20 20	4 4	162 157	135 117	4 1	5 2	..... .....	19 21	4 2

Table XLII.—Continued.

The State and Counties.		All nation- alities.....	American..	British American.	English....	Irish.....	Scottish...	German...	Scandinavian.....	Polish.....	French.....	Italians.....	Miscellaneous.....	Not Given.
Saline.....	F. M.	18 18	18 18											
Sangamon..	F. M.	527 527	312 310	2 3	27 11	39 42	1 1	137 121	2 1				2 2	5 5
Schuyler...	F. M.	148 148	138 142	1 1	2 1	1 1	1 1						1 1	4 4
Scott.....	F. M.	63 63	56 56			1 3		6 3						
Shelby.....	F. M.	337 337												
Stark.....	F. M.	33 33	24 23		2 2	5 2	1 2		1 1					
St. Clair...	F. M.	1,047 1,047	654 812	5 3	14 7	8 5	5 4	314 187	1 1		20 8	1 1	19 16	6 2
Stephenson	F. M.	428 428	243 267	3 3	3 3	8 5		158 135	3 4		2 3		4 3	4 5
Tazewell..	F. M.	352 352	239 253	1 1	5 8	10 9		83 71			3 3		8 6	3 1
Union.....	F. M.	306 306	285 290		2 1	1 1		17 14					1 1	
Vermilion.	F. M.	506 506	397 436	4 1	20 9	9 2	2 3	38 29	14 10		3 1		9 9	10 7
Wabash....	F. M.	306 306	259 277		4 1	3 2		33 22					1 1	6 4
Warren....	F. M.	448 448	361 366	2 1	16 11	8 13	4 4	9 8	46 44				1 1	1 1
Wayne.....	F. M.	349 349	322 323		1 1	2 1		2 1						22 24
White.....	F. M.	668 668	602 590		10 16	6 4	3 5	30 35						17 20
Whiteside.	F. M.	564 564	385 409		8 14	36 30	5 7	82 76	30 23		3 1		12 4	3 1
Williamson	F. M.	182 182	172 173		1 2	1 1	1 1	6 6						1 1
Winnebago	F. M.	474 474	215 232	5 1	19 9	16 14	4 4	24 19	190 192		1 1		1 3	1 1
Woodford..	F. M.	277 277	187 198		3 3	1 1		74 63			7 2		2 1	3 5

TABLE XLIII.—*Births reported during the Year 1884: GROUPED AGES OF PARENTS. "F," father; "M," mother.*

The State and Counties.		All ages.	Under 15.	16-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	Over 55.	Not given.
Illinois.....	F.	45,879		210	7,017	11,931	9,178	6,780	3,856	1,787	724	282	3,658
	M.	45,879	47	4,604	12,842	11,059	7,041	4,462	1,533	151			3,687
Adams.....	F.	745			136	123	84	78	74	70	59		121
	M.	745		159	129	95	98	77	59				128
Bond.....	F.	408		4	81	107	88	58	31	19	5	3	12
	M.	408	1	59	141	101	48	31	10	5			9
Boone.....	F.	147			33	34	32	26	11	4	2	1	4
	M.	147		18	45	43	24	12	2	1			2
Bureau.....	F.	395		2	60	104	104	45	39	22	8	5	6
	M.	395	7	30	103	106	61	47	14	10			17
Calhoun.....	F.	110		1	19	31	21	10	10	8	3	2	5
	M.	110		15	28	30	15	8	4				10
Carroll.....	F.	237			35	74	49	31	16	5	4	3	20
	M.	237		23	77	59	40	8	9	1			20
Cass.....	F.	141			21	47	21	16	9	7	2	1	14
	M.	141	2	18	39	36	19	11	4				12
Champaign.....	F.	243		1	28	64	63	37	23	11	3	3	10
	M.	243	1	31	72	55	43	23	8				10
Christian.....	F.	381			58	83	90	60	33	14	7	4	32
	M.	381		43	96	99	62	35	12	1			33
Clark.....	F.	327			56	82	72	49	35	15	2	2	14
	M.	327		44	94	72	60	32	11				14
Clay.....	F.	260		7	45	53	51	36	20	26	6	2	5
	M.	260	1	37	64	64	40	30	24				
Coles.....	F.	572		4	117	154	98	83	44	37	20	2	13
	M.	572		89	143	130	90	60	43	1			16
Cook.....	F.	17,921		71	2,434	4,805	3,622	2,730	1,421	513	160	46	2,119
	M.	17,921	9	1,325	5,089	4,577	2,820	1,736	466	29			1,870
Crawford.....	F.	532		5	118	126	101	78	44	19	11	9	21
	M.	532		62	150	121	86	57	19				28
Cumberland.....	F.	227		3	39	56	48	32	15	16	5	2	11
	M.	227	1	26	70	55	30	20	9	3			13
DeKalb.....	F.	182		1	17	60	41	25	12	6		4	16
	M.	182		14	49	50	23	19	8	1			18
DeWitt.....	F.	173		3	33	48	31	20	14	12	3		9
	M.	173	1	27	44	37	23	17	7	1			16
Douglas.....	F.	295			49	66	67	43	47	6	4		13
	M.	295		25	89	58	61	39	11				12
DuPage.....	F.	235			2	69	54	37	23	9	5	4	12
	M.	235		14	78	60	39	18	11	3			12
Edgar.....	F.	458			69	89	86	70	44	14	5	4	78
	M.	458		54	109	88	64	39	15	2			87
Edwards.....	F.	257		4	39	61	58	40	29	10	5	1	10
	M.	257		25	77	67	37	31	12	1			7

Table XLIII.—Continued.

The State and Counties.		All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Effingham.....	F. M.	156 156	..... .....	..... 11	20 49	44 28	34 25	30 16	16 7	3	5 .....	..... .....	4 20
Fayette.....	F. M.	226 226	..... .....	1 23	42 61	70 58	39 34	22 16	24 9	7 2	7	6	8 23
Ford.....	F. M.	101 101	..... .....	1 13	15 24	29 23	22 22	18 13	11 3	3	1	1	3
Franklin.....	F. M.	188 188	..... .....	3 36	39 49	47 46	42 22	19 19	21 6	5	5 .....	..... .....	7 10
Fulton.....	F. M.	260 260	..... .....	1 29	48 70	59 62	46 45	42 23	17 15	17	4	2	24 15
Gallatin.....	F. M.	182 182	..... .....	4 26	32 44	47 56	38 30	30 11	11 4	7 .....	..... .....	3	10 10
Greene.....	F. M.	205 205	..... .....	..... 31	41 50	37 47	50 33	31 16	18 9	7	5	2	14 19
Grundy.....	F. M.	116 116	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........	..........
Hamilton.....	F. M.	373 373	..... .....	..... 55	90 126	103 85	61 42	35 25	30 10	25 3	7	3	18 27
Hancock.....	F. M.	350 350	..... .....	4 36	56 118	107 92	70 47	49 40	33 12	20 3	6	1	4 2
Hardin.....	F. M.	95 95	..... .....	1 43	26 10	23 17	17 12	12 11	9 1	4	1 .....	..... .....	2 1
Henderson.....	F. M.	163 163	..... .....	..... 26	36 45	46 33	27 24	23 17	12 8	11 2	4	1	3 7
Henry.....	F. M.	589 589	..... .....	..... 55	100 176	142 133	128 94	77 80	63 17	29 5	9	15	26 29
Iroquois.....	F. M.	411 411	..... .....	4 50	53 123	126 91	79 67	63 45	46 18	22 3	9 .....	..... .....	9 13
Jasper.....	F. M.	434 434	..... .....	4 55	78 128	117 99	82 54	67 48	31 17	17 2	11	3	24 29
JoDavies.....	F. M.	118 118	..... .....	..... 8	17 30	23 33	25 12	23 14	12 7	5 3	..... .....	2	11 11
Johnson.....	F. M.	155 155	..... .....	2 30	29 31	33 25	37 27	34 26	11 16	8	1.....	..........	..........
Kendall.....	F. M.	112 112	..... .....	..... 15	19 28	32 29	20 16	17 6	5 4	7 1	1 .....	..... .....	11 13
Knox.....	F. M.	325 325	..... .....	1 32	48 88	87 78	57 61	64 39	35 17	11 1	9	1	12 9
Lake.....	F. M.	158 158	..... .....	1 14	15 34	36 34	24 28	27 15	15 7	7	1	3	9 11
LaSalle.....	F. M.	934 934	..... .....	5 77	132 278	272 218	183 169	142 97	91 34	40 2	11	10	46 59
Lawrence.....	F. M.	350 350	..... .....	..... 48	67 133	120 88	81 53	35 11	23 6	10	4	1	9 11
Lee.....	F. M.	166 166	..... .....	..... 13	29 52	48 37	33 24	22 19	16 13	12 6	1 .....	..... .....	..... 2
Livingston.....	F. M.	23 283	..... .....	..... 18	27 79	80 75	57 44	43 31	31 10	15 2	6	2	22 24
Logan.....	F. M.	339 339	..... .....	..... 8	37 47	92 75	65 53	72 36	30 15	21	12	3	7 64

Table XLIII.—Continued.

The State and Counties.		All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Macon	F.	504	.....	4	70	159	100	70	47	20	12	3	19
	M.	504	.....	51	155	137	72	39	16	3	.....	.....	29
Macoupin	F.	571	.....	1	95	134	119	89	55	37	21	4	16
	M.	571	.....	63	159	124	79	84	31	1	.....	.....	30
Marion	F.	395	.....	2	69	95	83	56	37	14	4	6	29
	M.	395	.....	37	125	98	53	43	16	1	.....	.....	22
Marshall	F.	271	.....	1	51	68	54	44	15	13	6	2	17
	M.	271	.....	30	84	65	38	27	10	.....	.....	.....	17
Mason	F.	164	.....	.....	33	40	27	22	19	5	5	2	11
	M.	164	.....	26	40	34	24	21	5	1	.....	.....	13
Massac	F.	25	.....	.....	5	9	1	6	4	.....	.....	.....	.....
	M.	25	.....	8	6	4	3	1	.....	.....	.....	.....	.....
McHenry	F.	290	.....	.....	44	75	77	43	22	11	4	3	11
	M.	290	.....	17	85	80	51	32	13	.....	.....	.....	12
McLean	F.	675	.....	.....	104	181	137	102	56	26	15	7	47
	M.	675	.....	68	205	150	107	60	22	3	.....	.....	60
Menard	F.	236	.....	4	42	55	41	34	23	14	4	5	14
	M.	236	.....	30	67	59	31	24	7	1	.....	.....	17
Mercer	F.	395	.....	2	31	78	79	52	16	14	4	4	115
	M.	395	.....	1	23	75	79	52	35	12	.....	.....	118
Monroe	F.	433	.....	.....	47	124	79	81	46	22	8	4	22
	M.	433	.....	33	111	117	76	58	17	.....	.....	.....	21
Montgomery	F.	578	.....	4	96	143	135	85	49	28	20	3	15
	M.	578	.....	1	66	172	142	89	59	25	4	.....	20
Moultrie	F.	284	.....	3	45	76	57	47	30	11	9	3	3
	M.	284	.....	38	81	73	46	33	6	2	.....	.....	5
Ogle	F.	89	.....	.....	11	31	17	12	5	5	.....	.....	8
	M.	89	.....	11	33	19	3	13	1	1	.....	.....	8
Peoria	F.	835	.....	2	123	215	181	121	67	39	13	3	71
	M.	835	.....	69	242	224	117	83	29	1	.....	.....	70
Perry	F.	119	.....	.....	15	36	23	19	8	7	3	.....	8
	M.	119	.....	13	42	26	15	12	3	.....	.....	.....	8
Piatt	F.	213	.....	1	38	45	42	37	13	9	2	1	25
	M.	213	.....	23	66	44	31	17	7	.....	.....	.....	25
Pike	F.	271	.....	1	42	76	51	46	17	8	3	1	26
	M.	271	.....	43	72	61	38	27	5	.....	.....	.....	25
Pope	F.	163	.....	.....	21	29	44	31	21	7	6	4	.....
	M.	163	.....	18	48	31	28	24	5	.....	.....	.....	9
Pulaski	F.	6	.....	.....	.....	2	.....	1	.....	.....	.....	1	2
	M.	6	.....	1	1	1	.....	1	.....	.....	.....	.....	2
Putnam	F.	34	.....	.....	6	10	6	6	3	1	.....	1	1
	M.	34	.....	3	10	10	5	1	2	.....	.....	.....	3
Randolph	F.	328	.....	.....	42	107	55	57	33	11	4	5	14
	M.	328	.....	25	95	88	53	28	12	2	.....	.....	25
Richland	F.	286	.....	2	46	64	65	43	28	22	2	3	11
	M.	286	.....	22	89	68	55	35	4	2	.....	.....	11
Rock Island	F.	666	.....	1	117	193	136	108	58	26	5	4	18
	M.	666	.....	92	202	151	105	73	25	4	.....	.....	14
Saline	F.	18	.....	.....	4	3	2	6	2	.....	1	.....	.....
	M.	18	.....	1	6	3	4	4	.....	.....	.....	.....	.....

Table XLIII.—Continued.

The State and Counties.		All ages...	Under 15...	16-20.....	21-25.....	26-30.....	31-35.....	36-40.....	41-45.....	46-50.....	51-55.....	Over 55.....	Not given..
Sangamon	F.	527	.....	1	50	129	107	74	61	23	12	3	67
	M.	527	.....	35	126	121	93	65	17	1	.....	.....	69
Schuyler	F.	148	.....	4	25	41	25	22	11	4	4	1	11
	M.	148	.....	28	33	23	28	15	6	.....	.....	.....	10
Scott.....	F.	63	.....	.....	11	18	7	8	6	3	1	.....	9
	M.	63	.....	11	22	9	8	6	.....	.....	.....	.....	7
Shelby.....	F.	337	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	337	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stark	F.	33	.....	.....	3	9	8	4	3	2	.....	.....	4
	M.	33	.....	1	8	9	6	3	2	.....	.....	.....	4
St. Clair	F.	1,047	.....	3	171	249	234	161	126	52	23	11	17
	M.	1,047	1	88	315	261	186	119	41	6	.....	.....	30
Stephenson	F.	428	.....	1	61	125	87	60	30	14	6	5	39
	M.	428	1	23	115	118	67	39	17	2	.....	.....	46
Tazewell	F.	352	.....	3	53	100	82	46	33	15	4	2	14
	M.	352	.....	33	105	90	44	32	16	.....	.....	.....	32
Union	F.	306	.....	1	52	78	71	43	23	10	10	.....	17
	M.	306	.....	44	104	75	37	16	5	.....	.....	.....	25
Vermilion	F.	506	.....	10	106	130	97	71	40	21	8	7	22
	M.	506	.....	92	139	132	51	44	16	1	.....	.....	31
Wabash	F.	306	.....	3	56	78	68	44	22	9	6	2	18
	M.	306	.....	26	103	85	42	28	8	.....	.....	.....	14
Warren.....	F.	448	.....	8	77	108	97	79	30	25	10	4	10
	M.	448	2	72	118	130	71	29	14	1	.....	.....	11
Wayne.....	F.	349	.....	.....	64	84	61	39	23	9	13	2	54
	M.	349	.....	41	100	66	52	35	14	3	.....	.....	33
White.....	F.	668	.....	.....	223	170	101	71	40	20	10	3	30
	M.	668	.....	222	176	114	83	25	19	1	.....	.....	28
Whiteside	F.	564	.....	6	96	157	115	98	52	24	8	6	2
	M.	564	1	59	162	156	107	45	27	2	.....	.....	5
Williamson	F.	182	.....	3	46	37	38	29	10	8	5	1	5
	M.	182	1	29	51	33	32	23	3	1	.....	.....	9
Winnebago	F.	474	.....	1	79	140	101	71	36	25	9	7	5
	M.	474	.....	40	140	115	93	50	19	9	.....	.....	8
Woodford.....	F.	277	.....	.....	48	77	60	40	23	17	5	1	6
	M.	277	.....	29	84	66	45	32	13	1	.....	.....	7

TABLE XLIV.—*Births reported during the Year 1884:* NUMBER OF CHILD OF MOTHER.

The State and Counties.	All num- bers.....	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Eleven and more....	Not given.
Illinois.....	45,897	11,255	8,513	6,364	4,933	3,833	2,961	2,221	1,578	987	648	745	1,809
Adams.....	745	135	80	83	67	76	62	57	45	22	18	9	91
Bond.....	408	85	97	63	40	37	24	25	15	7	9	6	1
Boone.....	147	45	39	17	18	14	4	6	1	2	.....	.....	13
Bureau ..	395	107	61	51	56	28	34	20	8	6	4	1	3
Calhoun.....	110	23	11	26	11	9	10	7	2	2	2	1	7
Carroll.....	237	62	48	41	30	15	12	10	6	1	1	4	3
Cass.....	141	37	31	22	13	5	9	6	3	2	2	2	7
Champaign.....	243	60	50	33	24	25	16	10	7	5	4	2	2
Christian.....	381	75	60	65	43	31	31	15	21	10	3	8	19
Clark.....	327	87	46	60	28	31	24	19	8	5	6	8	5
Clay.....	260	47	33	39	48	27	15	15	10	8	3	3	12
Coles.....	572	124	106	85	79	6	44	24	19	12	2	1	16
Cook.....	17,921	4,594	3,456	2,431	1,826	1,393	1,187	833	596	392	245	274	694
Crawford.....	532	123	102	69	68	52	49	33	25	6	5	6	3
Cumberland.....	227	43	41	43	24	20	12	16	9	1	2	9	4
DeKalb.....	182	55	37	17	24	10	10	6	5	1	1	4	12
DeWitt.....	173	53	33	39	13	13	14	4	5	3	1	.....	4
Douglas.....	295	79	59	37	39	26	18	14	12	4	2	3	2
DuPage.....	235	63	43	42	29	15	10	9	11	3	.....	3	7
Edgar.....	458	108	77	63	63	39	29	16	12	20	4	6	2
Edwards.....	257	56	52	38	24	20	23	13	8	9	2	12	.....
Effingham.....	156	28	31	24	18	17	12	11	4	5	4	.....	.....
Fayette.....	226	52	33	31	28	27	15	14	5	6	4	9	2
Ford.....	101	21	19	15	16	11	5	5	3	3	1	.....	.....
Franklin.....	183	41	29	24	22	22	10	11	8	5	8	5	3
Fulton.....	260	70	46	36	19	24	15	11	10	7	7	.....	13
Gallatin.....	182	44	13	35	26	25	10	10	12	2	1	.....	2
Greene.....	205	54	32	31	22	16	12	10	3	6	5	4	7
Grundy.....	116	33	22	14	13	8	4	9	4	.....	3	4	2
Hamilton.....	373	79	51	59	53	33	26	25	15	3	11	14	4
Hancock.....	350	83	95	55	40	18	20	17	10	7	2	3	.....
Hardin.....	95	20	15	20	11	13	7	5	1	1	2	.....	.....
Henderson.....	163	48	29	24	16	12	14	4	3	6	1	4	2
Henry.....	589	151	120	70	66	47	28	28	23	11	19	6	26
Iroquois.....	411	105	83	53	41	30	20	27	51	11	10	9	1
Jasper.....	434	90	78	79	52	40	21	27	17	11	5	4	7
Jo Daviess.....	118	33	14	10	19	13	9	5	4	3	.....	.....	8
Johnson.....	155	32	29	26	18	15	6	13	13	2	.....	1	.....
Kendall.....	112	42	22	14	16	6	4	1	3	3	.....	.....	1
Knox.....	325	92	71	33	35	30	15	14	18	3	5	6	3
Lake.....	138	35	23	14	6	17	11	6	9	1	5	2	9
LaSalle.....	931	216	166	146	121	72	62	45	34	11	16	18	24
Lawrence.....	330	66	77	58	61	32	23	14	6	4	4	.....	5
Lee.....	166	44	35	19	19	13	9	7	5	4	1	1	7
Livingston.....	285	60	52	35	35	28	19	17	11	4	4	8	10
Logan.....	342	68	52	51	48	30	20	18	15	8	6	4	13
Macon.....	594	123	101	71	59	36	29	21	14	12	7	6	10
Macoupin.....	571	125	101	77	64	50	29	31	22	17	9	16	21
Marion.....	395	91	68	66	45	32	29	19	13	6	5	9	15
Marshall.....	271	72	59	39	28	17	20	12	6	5	5	2	6
Mason.....	164	41	30	18	16	11	9	8	4	9	3	4	11
Massac.....	35	9	8	4	.....	2	.....	.....	.....	.....	.....	1	1
McHenry.....	290	73	62	31	39	21	12	16	8	6	3	3	3
McLeann.....	675	167	134	71	77	50	37	26	31	12	21	14	35
Menard.....	236	56	47	31	28	25	16	16	3	1	6	2	5
Mercer.....	396	108	69	57	45	36	30	20	13	5	5	6	2

Table LXIV—Continued.

The State and Counties.	All num- bers.....	1.	2.	3.	4	5.	6.	7.	8.	9.	10.	Eleven and more.....	Not elucid.
Monroe.....	433	80	63	69	42	54	39	31	12	14	8	11	10
Montgomery.....	578	145	101	80	65	51	34	29	22	12	11	12	16
Moultrie.....	284	71	40	57	28	23	15	13	11	11	8	3	4
Ogle.....	89	25	19	11	13	6	4	5	.....	2	.....	1	3
Peoria.....	835	223	155	121	81	65	59	33	28	16	11	10	33
Perry.....	119	21	23	18	17	10	4	8	3	5	1	4	5
Platt.....	213	67	36	22	25	21	13	10	6	5	2	4	2
Pike.....	271	63	48	47	30	27	16	11	5	7	2	4	11
Pope.....	163	30	24	17	18	25	15	10	7	6	1	4	6
Pulaski.....	6	3	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Putnam.....	34	12	9	2	3	4	2	.....	1	.....	.....	1	.....
Randolph.....	328	67	43	46	44	31	22	25	17	6	6	4	17
Richland.....	286	59	44	41	29	40	26	12	10	11	3	5	6
Rock Island.....	666	166	130	122	81	60	36	25	18	12	3	9	4
Saline.....	18	.....	5	2	1	1	.....	.....	3	3	1	.....	2
Sangamon.....	527	121	84	81	47	58	40	24	29	11	11	11	10
Schuyler.....	148	41	21	28	13	12	8	7	8	2	1	4	3
Scott.....	63	21	13	2	5	4	5	3	3	.....	1	.....	3
Shelby.....	337	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	337
Stark.....	33	8	4	3	8	1	1	3	.....	1	.....	.....	4
St. Clair.....	1,047	208	182	129	118	102	90	80	41	34	22	26	15
Stephenson.....	428	112	91	44	52	31	31	19	12	4	8	12	12
Tazewell.....	352	92	66	57	33	29	19	14	10	11	3	7	11
Union.....	306	64	65	53	32	25	11	22	11	5	5	10	3
Vermilion.....	506	117	112	72	60	40	29	24	13	8	12	11	8
Wabash.....	306	72	50	62	35	25	16	16	10	8	2	5	5
Warren.....	448	123	90	53	45	31	25	25	17	19	5	8	7
Wayne.....	349	83	60	46	30	34	20	18	14	8	5	7	24
White.....	468	196	142	97	84	51	45	20	9	3	.....	1	20
Whiteside.....	578	153	116	85	53	45	29	19	17	14	5	9	33
Williamson.....	182	32	40	26	21	11	8	16	10	5	2	4	7
Winnebago.....	474	155	95	58	52	47	17	13	13	8	5	7	4
Woodford.....	277	79	51	21	34	23	22	10	17	7	6	5	2

MARRIAGES IN ILLINOIS, 1881-1884.

COUNTIES.	1881.	1882.	1883.	1884.
Adams.....	554	541	549	578
Alexander.....	209	201	165	197
Bond.....	152	158	163	131
Boone.....	88	87	84	85
Brown.....	139	119	129	122
Bureau.....	298	311	270	280
Calhoun.....	59	59	63	67
Carroll.....	265	146	175	150
Cass.....	155	167	136	130
Champaign.....	335	373	353	354
Christian.....	254	313	219	243
Clark.....	253	202	241	247
Clay.....	192	186	178	181
Clinton.....	169	145	154	159
Coles.....	307	238	286	244
Cook.....	7,897	9,605	10,455	10,182
Crawford.....	189	168	176	162
Cumberland.....	161	136	148	150
DeKalb.....	232	264	299	247
DeWitt.....	177	177	167	158
Douglas.....	159	174	152	167
DuPage.....	162	175	163	149
Edgar.....	263	211	233	245
Edwards.....	84	105	87	93
Effingham.....	224	196	213	165
Fayette.....	283	236	282	242
Ford.....	156	169	154	161
Franklin.....	182	206	168	175
Fulton.....	363	353	369	356
Gallatin.....	206	231	202	182
Greene.....	223	217	234	229
Grundy.....	136	163	161	155
Hamilton.....	181	172	198	171
Hancock.....	321	322	282	238
Hardin.....	120	115	123	131
Henderson.....	70	69	90	66
Henry.....	311	334	349	318
Iroquois.....	288	280	290	281
Jackson.....	262	265	246	272
Jasper.....	191	169	186	182
Jefferson.....	222	191	217	224
Jersey.....	119	163	145	125
JoDaviess.....	159	118	175	121
Johnson.....	143	169	175	126
Kane.....	408	120	520	560
Kankakee.....	207	282	302	306
Kendall.....	110	88	133	108
Knox.....	376	402	372	370
Lake.....	149	157	58	83
LaSalle.....	679	713	728	676
Lawrence.....	176	163	158	156
Lee.....	250	241	264	230
Livingston.....	284	308	326	297
Logan.....	222	241	225	249
Macon.....	358	384	370	357
Macoupin.....	285	359	355	320
Madison.....	450	497	469	454
Marion.....	283	242	284	238
Marshall.....	141	126	132	125
Masson.....	129	156	167	145
Massac.....	188	182	147	155
McDonough.....	306	289	277	281

Marriages in Illinois, 1881-1884—Continued.

COUNTIES.	1881.	1882.	1883.	1884.
McHenry.....	170	177	211	208
McLean.....	557	531	596	564
Menard.....	125	150	131	108
Mercer.....	142	147	149	163
Monroe.....	150	122	119	113
Montgomery.....	353	247	275	279
Morgan.....	301	306	302	286
Moultrie.....	138	135	152	122
Ogle.....	206	229	216	193
Peoria.....	644	721	655	634
Perry.....	169	163	195	158
Piatt.....	151	141	137	133
Pike.....	268	277	327	279
Pope.....	125	144	146	136
Pulaski.....	114	99	115	103
Putnam.....	47	45	54	43
Randolph.....	246	213	234	187
Richland.....	175	187	180	165
Rock Island.....	407	457	427	378
Saline.....	171	167	194	163
Sangamon.....	565	543	560	573
Schuyler.....	142	166	166	158
Scott.....	93	99	107	111
Shelby.....	270	273	260	286
Stark.....	115	104	102	78
St. Clair.....	582	681	626	608
Stephenson.....	323	328	302	312
Tazewell.....	293	268	269	261
Union.....	236	142	226	194
Vermilion.....	540	581	505	489
Wabash.....	113	138	146	128
Warren.....	190	203	222	206
Washington.....	211	168	195	174
Wayne.....	216	218	238	231
White.....	252	247	248	260
Whiteside.....	276	230	262	289
Will.....	558	625	617	562
Williamson.....	133	222	220	203
Winnebago.....	180	311	318	349
Woodford.....	166	199	196	186
Totals.....	32,049	34,072	34,805	33,758

METEOROLOGICAL TABLES.

STATEMENT, furnished by the Chief Signal Officer, U. S. A., showing the mean monthly barometer reduced to sea level; temperature; relative humidity; total amount of precipitation in inches and hundredths; the prevailing direction of wind; and the total wind movement in miles—at the Signal-Service Stations named below, for the years 1883 and 1884.

SUMMARY FOR CAIRO, ILL., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity	Precipitation— inches	WIND.	
					Prevailing direction...	Movement— miles
January.....	30.221	32.3	79.0	2.74	N	7,052
February.....	30.323	38.8	77.3	2.52	N	6,788
March.....	30.120	43.8	68.2	2.15	SW	7,638
April.....	29.982	59.9	65.8	5.64	S	7,011
May.....	30.013	65.2	66.4	3.85	SW	7,725
June.....	29.988	75.9	73.6	6.11	SW	5,289
July.....	30.079	77.7	73.8	7.95	SW	4,619
August.....	30.086	74.8	72.3	1.73	N	4,085
September.....	30.087	68.0	69.7	0.34	N	4,690
October.....	30.108	60.2	79.4	6.97	NE	6,211
November.....	30.224	50.0	68.7	4.36	S & SW	6,597
December.....	30.191	42.1	69.9	2.18	S	6,594

SUMMARY FOR CHICAGO, ILL., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity	Precipitation— inches	WIND.	
					Prevailing direction...	Movement— miles
January.....	30.137	16.3	71.9	1.74	SW	7,140
February.....	30.259	23.0	68.3	4.74	SW	5,789
March.....	30.053	31.4	59.5	0.42	NE	6,704
April.....	29.959	45.6	61.1	3.72	N	7,328
May.....	29.924	52.1	69.3	7.32	N	6,705
June.....	29.903	64.1	73.9	5.61	N	5,972
July.....	29.972	71.0	69.6	5.53	SW	5,901
August.....	30.053	68.3	68.2	1.21	SW	4,508
September.....	30.052	60.7	61.1	1.36	NE	4,783
October.....	30.096	51.8	71.8	7.36	NE	5,925
November.....	30.090	41.5	66.2	5.26	SW	6,440
December.....	30.109	30.1	70.2	1.59	SW	5,945

SUMMARY FOR SPRINGFIELD, ILL., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity	Precipitation— inches	WIND.	
					Prevailing direction...	Movement— miles
January.....	30.194	20.9	69.8	1.96	W	7,707
February.....	30.306	29.5	71.1	7.53	NW	5,953
March.....	30.095	38.3	62.8	1.36	NW	8,181
April.....	29.944	54.2	61.7	4.42	S	7,491
May.....	29.936	60.1	65.2	6.61	S	6,949
June.....	29.935	69.7	73.7	8.40	S & NW	5,355
July.....	30.010	74.9	68.9	3.77	S	6,017
August.....	30.061	70.5	67.2	0.95	E	4,938
September.....	30.054	63.2	62.1	1.06	E	6,039
October.....	30.097	53.2	73.8	6.08	NE	6,617
November.....	30.151	44.3	63.8	3.48	S	7,913
December.....	30.144	33.8	71.0	3.17	S	7,692

SUMMARY FOR DUBUQUE, IA., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity.	Precipitation— inches	WIND.	
					Prevailing direction...	Movement— miles
January...	30.170	10.2	56.4	1.59	NW	3,015
February.....	30.281	18.8	60.7	2.60	W	2,492
March.....	30.083	30.9	61.8	0.32	NW	3,580
April.....	29.925	49.7	55.7	1.93	SW	4,998
May.....	29.906	54.6	65.5	7.13	W	4,023
June.....	29.894	67.7	67.4	5.34	SW & W	3,833
July.....	29.959	72.5	67.9	7.90	S	3,962
August.....	30.048	68.5	66.0	2.70	S & NW	3,237
September.....	30.061	58.8	66.5	2.09	NW	3,663
October.....	30.110	48.7	67.7	4.44	SE	3,870
November.....	30.434	38.5	60.2	1.65	S	4,646
December.....	30.121	27.0	60.7	1.88	W	4,159

SUMMARY FOR KEOKUK, IA., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity.	Precipitation— inches	WIND.	
					Prevailing direction...	Movement— miles
January.....	30.183	15.5	75.5	1.24	W & NW	7,012
February.....	30.297	24.9	71.0	6.13	NW	5,761
March.....	30.092	35.3	67.7	1.07	NW	7,628
April.....	29.903	54.0	61.8	2.97	SE & NE	8,313
May.....	29.908	59.8	66.7	4.87	N	7,754
June.....	29.907	69.7	72.5	5.83	N	5,879
July.....	29.974	76.0	69.8	3.15	S & SW	5,888
August.....	30.042	71.2	70.8	1.32	NW	4,557
September.....	30.049	62.7	65.8	1.76	E	4,810
October.....	30.095	51.5	74.2	6.95	E	5,821
November.....	30.120	42.8	66.4	2.09	S	6,645
December.....	30.137	31.8	70.0	1.20	NW	4,803

SUMMARY FOR INDIANAPOLIS, IND., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity.	Precipitation— inches.....	WIND.	
					Prevailing direction...	Movement— miles.....
January.....	39.152	21.5	73.8	1.32	W	5.091
February.....	39.273	32.0	72.4	2.19	SW	3.791
March.....	39.047	36.1	62.3	3.25	SW	5.290
April.....	29.955	53.3	60.5	2.73	S	4.941
May.....	29.930	60.9	61.7	4.02	SW & NW	4.862
June.....	29.921	71.5	66.5	4.59	SW	3.973
July.....	30.002	75.1	65.5	6.12	SW	3.294
August.....	30.040	70.4	64.2	2.48	NE	2.545
September.....	30.033	63.2	66.1	2.72	NE	1.810
October.....	30.080	54.8	70.5	2.56	S	2.444
November.....	30.151	45.0	62.3	6.80	S	4.277
December.....	30.126	34.4	68.1	4.34	S	4.576

SUMMARY FOR ST. LOUIS, MO., 1883.

MONTH.	Mean barometer..	Mean temperature	Relative humidity	Precipitation— inches.....	WIND.	
					Prevailing direction...	Movement— miles.....
January.....	30.211	23.2	83.1	0.94	NW	8.783
February.....	30.316	31.3	86.0	5.88	NW	6.937
March.....	30.108	38.4	82.8	2.29	NW	8.580
April.....	29.944	55.8	77.0	2.31	SE	8.703
May.....	29.957	61.8	72.5	3.89	SE	7.262
June.....	29.956	71.9	77.9	5.04	SE	7.222
July.....	29.035	76.1	73.3	4.31	S	6.831
August.....	30.072	72.8	73.8	3.34	S	5.330
September.....	30.064	66.9	65.4	0.01	S & NE	7.201
October.....	30.093	55.5	81.8	6.60	N	8.430
November.....	30.175	49.6	66.5	3.71	S	9.459
December.....	30.165	39.5	72.7	1.78	S	9.148

SUMMARY FOR CAIRO, ILL., 1881.

MONTH.	Mean barometer..	TEMPERATURE.			Relative humidity	WIND.	
		Max.....	Min.....	Mean.....		Prevailing duration...	Movement miles.....
January.....	30.275	65.5	16	27.9	2.32	N	7.119
February.....	30.090	69	12	42.0	5.58	S	6.946
March.....	30.049	71	19	47.6	4.20	SW	7.583
April.....	29.954	80	37.7	56.2	3.65	N	7.193
May.....	29.979	82.5	49	66.4	4.57	SW	6.551
June.....	29.984	92	56	73.7	2.95	SW	4.444
July.....	29.943	92	66.6	79.2	1.31	SW	4.255
August.....	30.055	90	57	73.4	2.74	SW	4.112
September.....	30.064	91	57.4	74.2	5.02	SW	4.363
October.....	30.157	88	38	63.3	1.89	SW	4.395
November.....	30.157	69.5	22.2	48.3	2.41	SW	5.483
December.....	30.151	63.6	2.2	36.1	8.39	SW	7.095

SUMMARY FOR CHICAGO, ILL., 1884.

MONTE.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement miles.....
January.....	30.160	49.3	-18.5	19.2	1.39	68.6	W	6,713
February.....	30.044	53	-2.8	27.7	3.27	69.5	NW	5,412
March.....	30.034	59.2	-0.9	34.2	5.16	67.7	N	6,168
April.....	29.959	77.2	31	44.3	3.05	67.6	N	6,364
May.....	29.930	78	40	56.7	1.53	65.5	N	6,016
June.....	30.022	86.4	47	65.0	2.11	73.0	N	4,496
July.....	29.905	89.2	53.8	69.2	3.71	69.9	E	4,293
August.....	30.015	91.2	51.1	68.8	2.50	68.3	E	4,996
September.....	29.997	88.7	50.6	68.9	2.29	68.6	S	5,800
October.....	30.106	83.4	27.7	56.4	3.59	69.3	SW	5,745
November.....	30.093	64.4	5.4	39.6	1.80	75.3	SW	5,441
December.....	30.120	61.2	-11.2	28.4	4.21	79.6	S	6,574

SUMMARY FOR SPRINGFIELD, ILL., 1884.

MONTH.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement— miles.....
January.....	30.239	62.5	-22.3	20.8	1.51	73.0	S	6,678
February.....	30.077	55.1	-5.6	32.1	4.24	75.1	NW	7,403
March.....	30.038	66.5	7	40.0	3.70	70.7	S	7,904
April.....	29.967	80	32.2	51.8	12.49	62.9	NE, S & W	7,806
May.....	29.961	78.1	41	62.2	3.79	65.0	S	5,415
June.....	30.005	90.8	50.9	71.3	6.20	74.9	S	4,248
July.....	29.926	90.3	61.2	74.3	3.62	69.1	NW	4,340
August.....	30.042	91.1	48.9	71.7	1.54	66.1	S	5,032
September.....	30.037	91.1	50.9	70.8	6.86	63.8	S	5,780
October.....	30.164	86	34.9	59.7	2.74	68.3	S	5,097
November.....	30.149	66.9	13.6	44.2	1.30	68.9	NW	5,374
December.....	30.174	60	-8.8	29.1	5.19	76.4	S	7,076

SUMMARY FOR DUBUQUE, IA., 1884.

MONTH.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement— miles.....
January.....	30.208	44	-23.8	14.1	0.99	56.1	W	4,278
February.....	30.071	41.7	-7.5	22.2	2.19	64.8	NW	4,452
March.....	30.045	65.2	-3.8	32.2	3.85	64.1	N & NW	4,132
April.....	29.963	81	27	48.4	2.77	58.0	NW	4,905
May.....	29.926	81	38.7	60.0	4.88	59.9	S	4,098
June.....	30.002	90.2	46.7	68.6	4.89	73.4	E	2,973
July.....	29.908	91.7	51.5	70.0	5.30	68.4	NW	3,093
August.....	30.004	90	48.9	68.4	4.25	71.0	NW	3,278
September.....	29.972	92.5	47.1	67.9	4.07	70.4	S	3,750
October.....	30.098	85	27.7	55.1	4.16	69.9	S	3,773
November.....	30.120	64.6	-1.2	36.3	1.43	68.2	NW	2,339
December.....	30.150	53.3	-17.1	21.3	4.08	71.1	NW	3,071

SUMMARY FOR KEOKUK, IA., 1884.

MONTH.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement— miles.....
January.....	30.235	52.5	-24.9	18.7	0.85	74.5	NW	4,403
February.....	30.069	51.8	-22.2	22.3	1.88	78.0	NW	4,554
March.....	30.031	66.5	-22.2	37.5	3.37	73.9	NW	5,405
April.....	29.944	80.4	25.2	50.6	1.31	66.0	E & W	5,981
May.....	29.944	80.2	40	62.3	3.16	65.2	E & W	5,886
June.....	29.978	91	51	71.5	4.03	75.4	NW	4,782
July.....	29.904	93.3	59	74.9	2.39	70.2	NW	4,730
August.....	30.011	89.8	49.8	72.0	2.74	68.3	NW	5,111
September.....	29.988	90.4	50.2	71.1	4.25	71.2	NW	6,378
October.....	30.152	86.2	28.7	58.5	3.35	72.3	NW	5,426
November.....	30.120	67.6	12.6	40.6	1.73	75.5	NW	5,051
December.....	30.157	58.7	-12.7	23.0	3.91	82.0	NW	5,215

SUMMARY FOR INDIANAPOLIS, IND., 1884.

MONTH.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement— miles.....
January.....	30.188	56.8	-25	21.6	1.05	67.2	SW	5,057
February.....	30.060	65.2	-1.6	34.7	4.73	73.1	NW	4,036
March.....	30.040	69.5	5	41.1	3.01	63.4	NW	5,000
April.....	29.948	80.5	31.4	50.2	2.89	59.1	SE & NW	5,193
May.....	29.956	84	40.6	62.1	4.89	62.0	SW	4,275
June.....	30.009	92.8	54.7	73.8	4.11	64.6	S	3,530
July.....	29.918	90	55.2	75.3	6.03	64.5	NW	3,390
August.....	30.034	89	50.2	72.3	0.46	60.2	S	3,357
September.....	30.052	90.3	41.8	71.6	3.09	62.3	S	3,664
October.....	30.153	87	31.2	58.3	2.31	71.3	S	3,481
November.....	30.151	66.8	12.3	41.5	1.46	77.9	W	4,065
December.....	30.156	60.7	-12.3	29.9	6.05	85.2	SE	4,829

SUMMARY FOR ST. LOUIS, MO., 1884.

MONTH.	Mean barometer..	TEMPERATURE.			Precipitation— Inches.....	Relative humidity	WIND.	
		Max.....	Min.....	Mean.....			Prevailing direction..	Movement— miles.....
January.....	30.258	67	-21.5	25.8	0.79	72.8	S	10,686
February.....	30.080	63.5	7.1	35.5	4.43	78.3	NW	8,826
March.....	30.041	69	10	43.6	3.00	73.8	N	9,961
April.....	29.948	83.3	34.1	53.4	4.15	68.1	SE	10,160
May.....	29.954	86	44	64.5	2.68	67.8	SE	8,378
June.....	29.980	95	52.5	72.8	4.52	77.4	SE	6,651
July.....	29.925	94	65	77.3	2.86	73.5	SE	7,151
August.....	30.043	91.5	54	74.4	1.21	69.6	S	7,411
September.....	30.025	92	54.4	73.9	6.04	71.2	S	8,174
October.....	30.148	87.7	31.9	62.8	2.48	71.6	S	7,590
November.....	30.145	75.8	13	47.1	2.30	72.2	W	8,316
December.....	30.162	66.3	-7	32.8	6.18	74.3	SE	a 9,294

a Four (4) hours movement lost.



E.—Decisions under Medical-Practice Laws

ILLINOIS MEDICAL-PRACTICE ACT.

DECISION RENDERED BY THE HON. E. S. WILLIAMS, AT THE OCTOBER, 1878, TERM OF THE COOK CIRCUIT COURT, ILLINOIS. *Akin vs. State Board of Health. In Chancery.*

1. The State Board of Health, a corporation created by act of legislature: constituted, among other things, to have charge of medical practice and medical practitioners in Illinois, and surveillance of the professional conduct of physicians in "the interests of the health and life of the citizens of the State." In the exercise of its discretion, cannot be controlled by judicial tribunals. "Unprofessional conduct" and criminal conduct not synonymous. The law makes the State Board judge of the former. Equity will not interfere to control its judgment.

2. The law creating the State Board and that regulating the practice of medicine are constitutional and valid.

3. The right to practice medicine not a constitutional privilege, nor a property, nor a contract: A mere statutory privilege, subject to the control of the legislature.

This bill is filed by complainant, alleging that he is a duly licensed practicing physician in the city of Chicago; that he was regularly educated as a physician, graduated at the Cincinnati College of Medicine and Surgery in 1865; and that in July last a certificate was also issued to him by the State Board of Health as such physician, under the laws of the State of Illinois; that his practice is of great value to him; that while holding said certificate he has received from the State Board of Health a notice that said board threatened to revoke his license; that the alleged cause of such revocation is the publication by complainant of divers professional notices in divers public newspapers, which notices are set out in full in complainant's bill; that the proposed action of the Board of Health originates from the fact of the publication of these printed notices by complainant, which conduct said board alleges to be unprofessional and dishonorable, but which complainant claims is neither dishonorable nor unprofessional within the meaning of the statutes, and complainant denies the right of the State Board to revoke his license for any such cause, and prays for an injunction restraining such proposed action upon the part of the State Board of Health.

Upon the argument of the motion for injunction, complainant has insisted that the advertising to which he has resorted is neither dishonorable nor unprofessional conduct within the meaning of the Act of May 29, 1877; that that statute is unconstitutional for various reasons, but principally that it grants exclusive privileges to those physicians who have been in the State of Illinois ten years, and is not uniform in its operation upon the class of persons to whom it refers, and is therefore unreasonable, and that it deprives

the person upon whom it is sought to be enforced of his property without due process of law. The part of the law relating to the State Board of Health and physicians which is particularly brought to the attention of the Court by the argument for this injunction, is to be found in Sections 10 and 13 of the Act of May 29, 1877, and is as follows:

"SEC. 10. The State Board of Health may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes." Section 13 provides for the punishment of any person practicing medicine or surgery in this State without complying with the provisions of the act, except that it exempts from the operation of the law all persons who "have been practicing medicine ten years within this State."

The State Board of Health is a corporation composed of seven persons appointed by the Governor of the State, by and with the advice and consent of the Senate. It is constituted, among other things, to have charge of medical practice and medical practitioners in this State, and it is its right and duty to have surveillance of the professional conduct of physicians by the language of the act of incorporation. Any persons guilty of unprofessional conduct may be by it refused certificates, and any persons having certificates who were guilty of unprofessional conduct may have their certificates revoked by the board. The object of the incorporation of the board is, among other things, to secure a higher professional standard in the medical profession. It is to exclude empirics and empiricism from the profession. The duties of the board are various, and the interests intrusted to its keeping affect all classes of the community, and affect them in the most vital points. The character of its duties is in part set forth in the second section of the act creating the board. "The State Board of Health shall have the general supervision of the interests of the health and life of the citizens of the State. They shall have charge of all matters pertaining to quarantine, and shall have authority to make such rules and regulations and such sanitary investigations as they may from time to time deem necessary for the preservation or improvement of public health," and all police officers, sheriffs and other employes of the State are required to enforce its rules and regulations so far as the efficiency of the board may depend upon their coöperation. Such a Board must, from the necessity of the case, be vested with a large discretion. And, in the legitimate exercise of its discretions, it ought not to be, and cannot be, properly controlled by judicial tribunals. The duties of the board, with reference to the sanitary condition of the people, bring it into such relations to the medical profession as fit it to determine the necessary qualifications of its members, and to judge of the propriety or impropriety of their professional deportment. The law has devolved this and similar duties upon the board, and it has created no other corporation in the State for a like purpose, nor has it given to any State officer supervision over the board in the discharge of its appropriate duties and the exercise of its legitimate discretions. A physician may be guilty of unprofessional and dishonorable conduct, and not of criminal conduct. It would have been a work of supererogation in

the law-makers to have vested the Board of Health with the supervision of the unprofessional conduct of the medical practitioner, if unprofessional conduct and criminal conduct were synonymous. As a citizen, the physician is, with every other citizen, answerable to the criminal laws, and as an alleged criminal, is liable to be arraigned before our courts. It is only as a physician that he is liable to have his professional conduct inquired into and brought before the State Board of Health. The term unprofessional is therefore far wider than criminal. Many acts would be unprofessional that were not criminal: some acts that were criminal might not be esteemed unprofessional. What is professional conduct can only be determined by bringing the act to the professional criterion, and who so well qualified to judge of the proper professional criterion for the medical profession as a board constituted as the bill shows this board to be, of seven gentlemen, five of whom are physicians, and a board created for sanitary purposes, and accustomed to sanitary investigations? The "unprofessional" conduct which authorizes the board to exclude a physician from the profession does not, therefore, mean necessarily criminal or immoral acts, but such conduct as is inconsistent with the honorable practice of the profession; and in judging of such conduct, the Board of Health has a wide discretion, and in its exercise courts ought not to interfere with it.

The general principle of law applicable to this, as to all other similar corporations, is laid down in High on Injunction, section 797, as follows:

"Equity will not interfere by injunction for the purpose of controlling the action of public officers constituting inferior quasi-judicial tribunals, such as boards of supervisors, commissioners of highways, and the like, on matters properly pertaining to their jurisdiction; nor will it review and correct errors in the proceedings of such officers, the proper remedy, if any, being at law by writ of certiorari." * * "And where they have exercised their discretion, and made their decision in good faith and without any intention of oppressing or injuring private persons, an injunction will not be allowed against their action."

Independent, however, of the exercise of discretion, it appears in this case *as a matter of fact*, that the advertisements of the complainant were unprofessional. He has set forth some nine different styles of advertisements in his bill, to which, within a short space of time, he admits himself to have resorted, and a large number of the most eminent medical practitioners in this city have made affidavits stating that such advertisements are unprofessional, and some of them have added that they were false. Even a layman would only need to read some of these advertisements to know that they *ought* to be unprofessional; but we have the oaths of a large number of physicians that they are unprofessional, and no affidavit to the contrary. But the complainant insists that this law creating the Board of Health is unconstitutional, because it grants exclusive privileges to certain physicians, and denies the same privileges to others; that it is not uniform, and therefore unreasonable, and that it deprives complainant of his property without due process of law. These objections are all to be determined in view of the answer

to the question, What is a license to practice a profession? Is it a constitutional privilege? Is it a property? Is it a contract? The complainant's solicitor earnestly asserts the affirmative. All the learned professions, in this respect, are upon a par with each other, and many other occupations are upon a par with them. In a certain sense, it is true that every man has a natural right to follow out the bent of his inclination, and be a clergyman, a lawyer, a doctor, a scavenger, a peddler, an auctioneer, just as he may choose. But it is not true that a man can practice any one of these professions or occupations except he does it upon such terms as the law imposes, and the law can impose just such terms upon any one of these professions or employments as the legislators, in their discretion, deem most for the interest of the community. The law has always sought to fill the learned professions with learned men, and upright and honorable men. However sadly it may have failed, the attempt has been in the right direction. It therefore has hedged round the professions of law and medicine with licenses, as it has hedged in many other businesses in the same way. Men who have the property and lives of others especially intrusted to their keeping ought to be men of skill and learning in their several departments. More than that: it is of the utmost importance that all dishonor and dishonesty should be expelled from the learned professions, and the tendency of legislation has always been to effect this result. If, then, a man has the natural right to be a lawyer or a doctor, he possesses that right subject to every restriction which the law may have created before, or which it shall create subsequent to his entrance upon the given profession, and which restrictions shall tend to secure for it upright and honorable practitioners, and to elevate that profession and make it more beneficent in its influences upon and relations to society.

In the case of *Cohen vs. Wright*, 22 California, 294, the Court decided that the right to practice law was not a constitutional right, nor an absolute right derived from the law of nature, but a mere creation of the statute, and the license conferred only a statutory right subject to the control of the legislature; that it was not property, and was not a contract between the legislature and the attorney within the constitutional meaning of the words "property" and "contract." In no proper sense can these words "property" and "contract" be applied to the right to practice medicine. The right is not descendible from its possessor to his heir, cannot be bought or sold, and may be lost by misconduct or immorality upon the part of the practitioner.

The Supreme Court of Missouri, in the case of *Simmons vs. The State* (12 Miss. 271), said that it was beyond the power of the most refined sophistry to establish the proposition that a right to practice law was a contract, and held that it was a mere naked grant of a privilege without consideration, which grant the State might revoke, or impose such conditions upon its exercise as are deemed proper or demanded by the public good. To the same effect is the case of *State vs. Gazlay*, 5 Ohio, 22, and of *Goldthwaite vs. City of Montgomery*, 50 Alabama, 486, and not a case can be found reported which holds a different doctrine.

Complainant insists that this law is not uniform, because it exempts from its operation all physicians who have been ten years in practice in the State of Illinois, and therefore is unreasonable and void. It is not necessary, in order to constitute uniformity in the operation of a law, that it should bear equally upon all citizens of the State who stand in the same relation to it, that is, upon all who are under substantially the same facts. (Smith vs. Judge of 12th District, 17 California, 555.) A physician who had the advantage of a professional practice of ten years in a State would acquire by that very practice a knowledge of local diseases and their appropriate treatment which could not be possessed by a stranger to the region, however extensive might have been his reading. It would be apparent that the ten-years' resident might have obtained by his residence and medical practice a knowledge which would place him in different relations to a sanitary law than a resident of a few weeks. But it is said that a resident of nine years and eleven months would be in no different relations to the law from a resident of ten years. It is said that the rule of exemption is arbitrary. But so must every rule be. Graduation from a medical university establishes no fixed standard of professional knowledge. Different institutions have different standards, and the same institution does not apply the same standard to all its students. Dolts gain admission to all the professions through diplomas issued by famous colleges and universities. A court would hesitate to declare a law unreasonable because it applied to some, under one state of facts, and did not apply to others very dissimilarly situated.

And courts decline to set aside positive enactments of the legislature merely on the ground that in their opinion the law is unreasonable. (Dillon on Municipal Corporations, section 262.) Whether reasonable or unreasonable is one of the questions properly before the legislature, and upon which it must be supposed to have passed in enacting the law.

But independent of this question last discussed, inasmuch as the right to practice medicine is a mere statutory privilege subject to be changed at any time by the legislature, and does not rise to the dignity of a contract or of property, there is no reason why such a privilege should not be denied to one man and extended to another in the discretion of the legislators. In this view, the objection to the law for want of uniformity in its application fails, and to this purport are the decisions of *The People vs. Judge of 12th District*, 17 California, 547, and *Cohen vs. Wright*, 22 California, 321, and other cases.

The prayer for injunction will therefore be denied.

DECISION RENDERED BY THE SUPREME COURT OF ILLINOIS, MAY, 1884,
TERM. *The People ex rel. Isaac N. Sheppard vs. State Board of
Dental Examiners.*

1. Whether the dental college is "reputable" or not, within the ordinary meaning of that word, is not a legal question, but a question of fact. So, also, are the requirements in the act approved May 30, 1881, entitled "An act to insure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the State of Illinois," in regard to the annual delivery of full courses of lectures and instruction, questions of fact. These questions are by the act submitted to the decision of the State Board of Dental Examiners. Their action is to be predicated upon the requisite facts, and no other

tribunal is authorized to investigate them. The act of ascertaining and determining what are the facts, is in its nature judicial, involving investigation, judgment and discretion.

2. The office of the writ of *mandamus* is in general to compel the performance of mere ministerial acts prescribed by law. It lies, however, also to subordinate judicial tribunals, to compel them to act where it is their duty to act, but never to require them to decide in a particular manner. It is not, like a writ of error or appeal, a remedy for erroneous decisions.

3. A subordinate body can be directed by the writ to act, but not how to act, in a matter as to which it has the right to exercise its judgment. The character of the duty, and not that of the body or officers, determines how far performance of the duty may be enforced by *mandamus*.

4. So, upon the refusal of the Illinois State Board of Dental Examiners to grant a license to a person whose application was based upon a diploma issued by a dental college, *mandamus* will not lie to compel the board to grant the license, because, to entitle the applicant to a license, the diploma must have been issued by a "reputable" dental college, and whether the college is a "reputable" one, is, under the statute, within the judgment and discretion of the board to determine.

THIS is an original proceeding in this Court for a *mandamus*. The petition therefor is as follows:

"The petitioner, Isaac N. Sheppard, a citizen of the State of Illinois, residing in the city of Paris, county of Edgar, in said State, complaining, shows unto the court that he is twenty-one years of age; that he became a student at the Indiana Dental College, an institution duly organized under the laws of the State of Indiana, located at the city of Indianapolis, in said State, on the 3d day of October, 1881, said institution being a college for the purpose of educating persons in the theory and practice of dentistry and dental surgery; that he attended said college as a student, as aforesaid, during his two full terms thereof, and pursued a course of study in the theory and practice of dentistry and dental surgery during all that time at said college, and that he completed said course of study, and was graduated from said college on the 7th day of March, A. D. 1883, and thereupon, to-wit, on the day last aforesaid, he received a diploma from the faculty of said Indiana Dental College, duly authenticated by the signatures of the faculty of said college and the officers thereof; that said Indiana Dental College is a reputable dental college, and during the time petitioner was a student therein, and at the time of issuing said diploma by the faculty of said dental college to petitioner, there was annually delivered at said college a full course of lectures and instruction in dental surgery. Petitioner further shows unto the court, that desiring to engage in the practice of dentistry in this State, he afterwards, to-wit, on or about the 18th day of March, 1883, presented his said diploma so received from the faculty of said Indiana Dental College, duly authenticated, to the Illinois State Board of Dental Examiners, and tendered to said board a fee of one dollar, as provided by law, and demanded that said board issue to him, the petitioner, a license to practice dentistry in the State of Illinois, as provided by law. Petitioner further shows to the court, that it was the duty of said board of dental examiners, upon the presentation of said diploma, and the tender of the fee of one dollar, as aforesaid, to said board by said petitioner, and the demand, as aforesaid, to issue to petitioner a license to practice dentistry in the State of Illinois, and that the said board of dental examiners, not regarding their said duty in this behalf, thereupon, to-wit, on the day last aforesaid, refused to issue to petitioner a license to practice dentistry in this State, and have continually refused, and still do refuse, to issue to petitioner such license. Petitioner further

shows unto the court, that the members of the said board of dental examiners are G. V. Black, A. W. Harlan, O. Wilson, J. J. Jennelle and George H. Cushing, and that by the failure and refusal of said board of dental examiners to so issue and grant petitioner a license to practice dentistry, as aforesaid, he, the petitioner, has been prevented from practicing dentistry in this State, as he is lawfully and by right entitled to do; that he has qualified himself for the practice of said profession at great expenditure of time and money, and depends upon the same for a living. Petitioner further shows unto the court, that the determination of the questions involved in this petition is not only one of great importance to him individually, but is also a matter of public importance, as numbers of the graduates of said dental college, citizens of this State, and circumstanced like petitioner, desire to practice dentistry in this State, and are prevented therefrom by like refusal of said board of dental examiners. Wherefore, being without other legal remedy; petitioner prays for a writ of *mandamus*, directed to the Illinois State Board of Dental Examiners, commanding them to forthwith receive from petitioner the fee of one dollar, and thereupon to issue to petitioner a license to practice dentistry in the State of Illinois, and to deliver the same to petitioner, and that such further order may be made in the premises as justice may require."

The Attorney General demurs to the petition.

Messrs. HUNT & DYAS, and Mr. C. V. JAQUITH, for the relator.

MR. JAMES MCCARTNEY, Attorney-General, for the respondents.

MR. JUSTICE SCHOLFIELD delivered the opinion of the Court:

It is provided by the first section of an act approved May 30, 1881, entitled "An act to insure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the State of Illinois," "that it shall be unlawful for any person who is not at the time of the passage of this act engaged in the practice of dentistry in this State, to commence such practice, unless such person shall have received a diploma from the faculty of some reputable dental college duly authorized by the laws of this State, or of some other of the United States, or by the laws of some foreign country, in which college or colleges there was, at the time of the issue of such diploma, annually delivered a full course of lectures and instruction in dental surgery." And in the sixth section of the same act, after providing for examination before the board of dental examiners of all applicants for license to practice dentistry, is the following provision: "But said board shall, at all times, issue a license to any regular graduate of any reputable dental college, without examination, upon the payment by such graduate to the said board of a fee of one dollar." Other provisions of the act prohibit any person to practice dentistry without a license from the board, except such as are properly enrolled as having been practitioners at the time of the passage of the act.

The contention of the relator is, that the board of dental examiners have no power to decide what is, or what is not, a "reputable dental college,"—that the law has itself defined what is a "reputable dental college," in providing that it shall be "duly authorized by the laws of this State, or some other of the United States, or by

the laws of some foreign country, in which college * * * there was, at the time of the issue of such diploma, annually delivered a full course of lectures and instruction in dental surgery." We are unable to appreciate the force of this position. The word "reputable" would seem to be used here to express the meaning ordinarily attached to it. If it had been intended that a diploma from any dental college, or a diploma from any dental college "duly authorized by the laws of this State, or some other of the United States, or by the laws of some foreign country, in which college * * * there was, at the time of the issue of such diploma, annually delivered a full course of lectures and instruction in dental surgery," we must presume the language would have so said. By using the word "reputable," we must presume the General Assembly meant "reputable." And since it is not used as being the equivalent and convertible for the other requirements in regard to the college, but as in addition thereto, we must presume it was intended to be so construed.

As a part of the current history of the times, and as an aid in arriving at the legislative intention, we know there were colleges of different kinds authorized by the laws of States in which they were located, in which there were pretended to be annually delivered full courses of lectures and instruction upon the arts and sciences professed to be taught, that were not "reputable," because they graduated for money, frequently without any reference to scholarship. A diploma from such an institution afforded no evidence of scholarship or attainments in its holder. It was a fraud, and deserved no respect from anybody,—and it was as against such diplomas the law was intended to protect the public, and therefore required that the colleges be "reputable." Whether a college be reputable or not, is not a legal question, but a question of fact. So, also, are the requirements in regard to the annual delivery of full courses of lectures and instruction. These questions of fact are, by the act, submitted to the decision of the board,—not in so many words, but by the plainest and most necessary implication. Their action is to be predicated upon the existence of the requisite facts, and no other tribunal is authorized to investigate them, and of necessity, therefore, they must do so. The act of ascertaining and determining what are the facts, is in its nature judicial. It involves investigation, judgment and discretion.

The office of the writ of *mandamus* is, in general, to compel the performance of mere ministerial acts prescribed by law. It lies, however, also to subordinate judicial tribunals, to compel them to act where it is their duty to act, but never to require them to decide in a particular manner. It is not, like a writ of error or appeal, a remedy for erroneous decisions. (*Judges of Oneida Common Pleas v. People*, 18 Wend. 92.) And, as is said by the court in *People ex rel. v. Common Council of Troy*, 78 N. Y. 33: "This principle applies to every case where the duty, performance of which is sought to be compelled, is in its nature judicial, or involves the exercise of judicial power or discretion, irrespective of the general character of the officer or body to which the writ is addressed. A subordinate body can be directed to act, but not how to act, in a matter as to which it has the right to exercise its judgment. The character of

the duty, and not that of the body or officers, determines how far performance of the duty may be enforced by *mandamus*. Where a subordinate body is vested with power to determine a question of fact, the duty is judicial, and though it can be compelled by *mandamus* to determine the fact, it can not be directed to decide it in a particular way, however clearly it be made to appear what the decision ought to be." See, also, *Kelly et al. v. City of Chicago*, 62 Ill. 279.

Illustrations of the principle will be found in *People v. Common Council of Troy*, *supra*, *Freeman v. Selectmen*, 34 Conn. 406, *Hoole v. Kinkead*, 17 Nev. 217, *Bailey v. Ewart*, 52 Iowa 111, *Berryman v. Perkins*, 55 Cal. 483, *People v. Contracting Board*, 27 N. Y. 378, and other cases cited in argument by the Attorney-General.

The demurrer here does not admit that the board of dental examiners found that the college at which the relator was graduated was reputable, although it does admit that to be the fact. But since the board can not be compelled to decide the question that way, although the evidence might clearly sustain it in doing so, there is no ground for *mandamus*.

The demurrer must be sustained, and the petition dismissed.

MINNESOTA MEDICAL-PRACTICE ACT.

DECISION OF THE SUPREME COURT OF MINNESOTA, JULY TERM, 1884. *State ex rel. Powell vs. State Medical Examining Board.*

1. The legislative act of 1883, regulating the practice of medicine, requires as a condition of the right to practice as a physician (except as to those who have been engaged five years in practice in the State) a certificate of qualification from the faculty of the Medical Department of the State University. Section 9 of the act authorizes this board to refuse such certificate to those guilty of "unprofessional or dishonorable conduct." The relator was refused a certificate upon the ground that, as the board determined he was guilty of unprofessional and dishonorable conduct: held

1. The applicant had a right to be heard upon the investigation as to his conduct.
2. The word "unprofessional" in section 9 is used convertably with "dishonorable," having a like meaning.
3. The act is not unconstitutional.
4. The relator is not entitled to a remedy by mandamus to secure a review of the correctness, or the reversal of the determination of the board.

APPEAL by the relator from an order of the District Court for Ramsey county, Simons, J., presiding, quashing an alternative writ of mandamus. The case made by the pleadings is stated in the opinion.

DICKINSON, J.—The relator seeks by mandamus to compel the State Medical Examining Board to issue to him the certificate required by chapter 125 of the laws of 1883, to authorize him to practice the profession of a physician in this State. He has appealed from an order of the District Court quashing an alternative writ. The act referred to creates a Board of Medical Examiners, consisting of the Faculty of the Medical Department of the University of Minnesota. It requires all persons, except such as have been practicing medicine five years within the State, as a condition of the right to practice, to procure from this board its certificate or diploma. "Graduates in medicine" are to receive a certificate upon their diplomas being presented to the board and found to be genuine. Other applicants for certificates are required to pass a satisfactory examination before this board. Section 9 of this act contains the provision: "The Board of Examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes.

It appears that the relator applied for a certificate from the board, presenting a diploma which was found to be genuine showing that he was a graduate of the Louisville (Kentucky) Medical College, in which institution he had passed the prescribed course of study. His application was refused only upon the ground that, as the

board considered and determined, the relator was guilty of unprofessional and dishonorable conduct, and was, at that time, conducting himself in an unprofessional and dishonorable manner in advertising himself through the newspapers and by circulars to be a medicine man of the Winnebago tribe of Indians, adopted by that tribe, and assuming the name of "White Beaver," and claiming in such publications the proprietorship of certain specific remedies, one of which he claimed would cure cholera morbus when taken internally, and rheumatism when applied externally, which claims are alleged by the respondents be untrue and impossible.

We first consider the question as to the constitutionality of that part of the act (section 9) upon which the refusal of the board to grant its certificate is based. The relator urges this objection upon the grounds that the act gives to the applicant no opportunity to be heard in his own defence, in relation to any charge of unprofessional and dishonorable conduct, and that by its enforcement he is deprived of his property without due process of law.

These objections to the validity of the act cannot be sustained. The vocation of the physician is in itself a lawful one, and the right of every person to engage in it is only subject to such restrictions as the legislature may impose in the exercise of its general police power. While, therefore, the right to engage in this practice is a qualified one, even that qualified right is not to be arbitrarily and without reason denied.

It is so opposed to the principles of the common law that any fact affecting the rights of an individual shall be investigated and determined *ex parte* and without opportunity being afforded to the party to be affected thereby to be heard,—4 Black. Com. 282 and 283. State vs. Bryce, 7 Ohio, (Part 2) 82. Murdock vs. Phillips' Academy, 12 Pick. 244 —That this act should not be construed as contemplating such a proceeding unless that purpose is expressed in the plainest terms. While the act does not prescribe the manner in which the proceedings for the determination of the matters referred to in section 9 shall be conducted, there is nothing to indicate that it was intended that such investigations and the determination of the fact should be made *ex parte* or without reasonable opportunity given to the party interested, to be heard. The contrary conclusion is rather indicated by the requirement that the board shall "take testimony in all matters relating to its duties," and by the fact that a right of appeal from the determination of the board is conferred.

It may be stated as a general proposition, that any person has the right to pursue any lawful calling, but in respect to certain occupations not in themselves unlawful, this right is necessarily subject to legislative restrictions, from considerations of public policy. In the profession of medicine, as in that of law, so great is the necessity for special qualification in the practitioner, and so injurious the consequences likely to result from a want of it, that the power of the legislature to prescribe such reasonable conditions as are calculated to exclude from the profession those who are unfitted to discharge its duties cannot be doubted. Hewitt vs. Charier, 16 Pick, 353. Spaulding vs. Alford, 1 Pick. 33. Wright vs. Lanckton, 19 Pick. 288. Cooley Con. Lim. 745. Statutes for the accomplishment of this purpose have been very common, containing provisions similar to those found in this act; that is, requiring as a condition of

the right to practice the profession, that the practitioner shall be a graduate of an institution for medical instruction, or shall have a certificate of his qualification from some organized body of men learned in the science. Such requirements have been incorporated into the laws of Massachusetts, Maine, New York, Ohio, Illinois, Alabama, Georgia and Texas, and probably in other States, and their validity has never, we think, been judicially denied, nor, as we understand, does the relator question it here.

But the legislature has surely the same power to require, as a condition of the right to practice this profession, that the practitioner shall be possessed of the qualification of honor and a good moral character, as it has to require that he shall be learned in the profession. It cannot be doubted that the legislature has authority, in the exercise of its general police power, to make such reasonable requirement as may be calculated to bar from admission to this profession dishonorable men whose principles or practices are such as to render them unfit to be intrusted with the discharge of its duties. And as the duty of determining upon these qualifications, both as to learning and skill and as to honor and moral fitness, must from necessity be committed to some person or body other than the legislature, we see no reason why it may not be committed to the legally constituted body of men, learned in this profession, named in this act.

We are referred to no decision, and we have found none, sustaining the position of the relator that an adverse determination of such a body upon such a question by reason of which the applicant is precluded from engaging in the practice of his profession deprives him of his property without due process of law; or that such enactments are for any reason unconstitutional. On the contrary, such enactments have been repeatedly enforced and their constitutionality sustained in cases involving a consideration of those provisions relating to the mode of determining the qualification of the practitioner in respect to learning. See cases above cited; also, *Thompson vs. Staats*, 14 Wend. 395; *State vs. Goldman*, 44 Tex. 104; *Richardson vs. Dorman*, 28 Ala. 679; *Bibber vs. Simpson*, 59 Me. 181.

The legislative requirement of a good moral character has also been sustained. *Thompson vs. Hazen*, 25 Me. 104. See, also, *Weret vs. Clutter*, 37 Ohio St. 347-349. As has been already suggested, there can be no distinction upon constitutional grounds as to the mode of determining in regard to professional or intellectual fitness and as to moral fitness for the profession. The means properly adopted by the legislature to determine the one cannot be said to be unconstitutional when prescribed for the determination of the other.

We will add as our construction of the words "unprofessional or dishonorable conduct," as used in section 9, that we do not think that the legislature contemplated matters of merely professional ethics, but that the term *unprofessional* was used convertably with *dishonorable*. The meaning may be expressed by using the conjunctive *and* in place of the disjunctive *or*. *West vs. Clutter*, 37 Ohio State, 347 and 350; *Weston vs. Loyhed*, 30 Minn. 221. It might, for instance, be deemed unprofessional for the members of one

school of medical practice to consult professionally with a member of a different school, but such matters are not within the plain purpose of the act, which was the affording of protection to the people against ignorant, unqualified and unworthy practitioners of this profession.

Our conclusion being that the law under which the board acted was constitutional, it is apparent that the relator cannot, by mandamus, compel the issuing of a certificate to him. The action of the board is not merely ministerial, but partakes of a judicial character. It is to inquire concerning, and to determine as to the existence of, certain facts, and whether it should grant a certificate of qualification to an applicant must depend upon that determination. The board has not refused or neglected to act upon the matter submitted to it. It has decided upon the application, and the correctness of that decision involving the exercise of the judgment of the members of the board, cannot be brought into review by this proceeding, and is not properly before us. *The King vs. Licensing Justices*, 4 Dowe and R. 725; *The King vs. Sheriffs of York*, 3 Barn. and Adol. 770; *Howland vs. Eldredge*, 43 N. Y. 457. See matter of *Dorsey*, 7 Porter (Ala.) 392; *People vs. Judge of Wayne Co. Court*, 1 Mich. 359; *Hoole vs. Kinkhead*, 16 Nev. 217.

Order affirmed.

WEST VIRGINIA MEDICAL-PRACTICE ACT.

DECISION OF THE COURT OF APPEALS OF WEST VIRGINIA, NOVEMBER, 1884. *State of West Virginia vs. F. M. Dent.*

SYLLABUS: Sections 9 and 15 of chapter 93 of the Acts of 1882, passed March 15th, 1882, entitled "An act amending and re-enacting chapter 150 of the Code of West Virginia, concerning the public health," is constitutional and valid.

At the November term, 1882, the grand jury of Preston county found an indictment in the circuit court of Preston against Frank M. Dent, for practicing medicine in this State without having complied with the provisions of section 9 of chapter 93 of the Acts of 1882, (see pages 245-6) in violation of section 15 of said Act (see page 248). The defendant moved to quash this indictment. The motion, as is stated in the brief of the counsel for the plaintiff in error, was based solely on the ground that sections 9 and 15 of chapter 93 of the Acts of 1882 were unconstitutional. The court decided that these sections of this act were constitutional, and overruled this motion; the defendant then plead not guilty. On the trial of the case the following facts were proven before the jury:

"That the defendant was engaged in the practice of medicine in the town of Newburg, Preston county, West Virginia, at the time charged in the indictment, and had been so engaged since the year 1876 continuously to the present time, and has during all said time enjoyed a lucrative practice, publicly professing to be a physician, prescribing for the sick, and appending to his name the letters M. D.; that he was not then and there a physician and surgeon called from another State to treat a particular case, or to perform a particular surgical operation, nor was he then and there a commissioned officer of the United States army and navy and hospital service; that he has no certificate as required by section 9, chapter 93, Acts of the Legislature of West Virginia, passed March 15, 1882, but has a diploma from the 'American Eclectic Medical College of Cincinnati, Ohio;' that he presented said diploma to the members of the Board of Health, who resided in this Congressional District, and asked for the certificate as required by law, but they, after retaining said diploma for some time, returned it to defendant with their refusal to grant him a certificate asked, because, as they claimed, said college did not come under the word reputable as defined by said Board of Health; that if the defendant had been or should be prevented from practicing medicine, it would be a great injury to him, as it would deprive him of his only means of sup-

porting himself and family; that at the time of the passage of the Acts of 1832, he had not been practicing medicine ten years, but had only been practicing six as aforesaid, from the year 1876."

These being all the facts proven, the jury found the defendant guilty, and therefore the defendant moved to arrest the judgment, which motion the court overruled and assessed the fine of fifty dollars and rendered judgment on April 12, 1883, in favor of the State, against the defendant, for this fine and costs. To the refusal of the court to arrest this judgment upon the above facts, certified to be all the facts proven, the defendant took a bill of exceptions, which on its face states that this motion was barred on the ground that "said act of the legislature passed March 15, 1882, styled an act 'concerning public health,' was unconstitutional and therefore void so far as it interfered with the vested rights of the defendant in relation to the practice of medicine." To this judgment of the circuit court a writ of error was allowed by a judge of this Court.

GREEN, JUDGE, announced the opinion of the Court:

The only question involved in this case is, are sections 9 and 15 of chapter 93 of the Acts of 1882, pages 245, 246 and 248, constitutional? I have not examined critically the indictment to determine whether in form or in substance it was fatally defective, because the counsel for the plaintiff in error in his brief expressly waives, as he states he did in the circuit court, all objections to such defects in form or substance in the indictment, if any such exist, and bases his claim to have the judgment of the circuit court reversed solely on the ground that the indictment was based on an unconstitutional act of the legislature, and it should for that reason have been quashed. Sections 9 and 15 of chapter 93 of the Acts of 1882, claimed thus to be unconstitutional, are in these words:

SEC. 9. The following persons, and no others, shall hereafter be permitted to practice medicine in this State, viz:

First. All persons who are graduates of a reputable medical college in the school of medicine to which the person desiring to practice belongs. Every such person shall, if he have not already done so and obtained the certificate hereinafter mentioned, present his diploma to the State Board of Health, or to the two members thereof in his congressional district, and if the same is found to be genuine, and was issued by such medical college as is hereinbefore mentioned, and the person presenting the same be the graduate named therein, the said board or said two members thereof (as the case may be) shall issue and deliver to him a certificate to that effect; and such diploma and certificate shall entitle the person named in such diploma to practice medicine in all its departments in this State.

Second. All persons who have practiced medicine in this State continuously for the period of ten (10) years prior to the eighth day of March, one thousand eight hundred and eighty-one. Every such person shall make and file with the two members of the State Board of Health in the congressional district in which he resides, or if he reside out of the State, in the district nearest his residence, an affidavit of the number of years he has continuously practiced in this State, and if the number of years therein stated be ten (10) or more, the said board, or said two members thereof, shall, unless they ascertain such affidavit to be false, give him a certificate to that fact and authorizing him to practice medicine in all its departments in this State.

Third. A person who is not such graduate and who has not so practiced in this State for a period of ten (10) years, desiring to practice medicine in this State, shall, if he have not already done so, present himself for examination before the State Board of Health, or before the said two members thereof in the congressional district in which he resides, or if he reside out of this State, to the said two members of the State Board of Health in the congressional district nearest his place of residence, who, together with a member of the local board of health who is a physician (if there be such member of the local board) of the county in which the examination is held, shall examine him as herein provided; and if upon full examination they find him qualified to practice medicine in all its departments, they, or a majority of them, shall grant him a certificate to that effect, and thereafter he shall have the right to practice medicine in this State to the same extent as if he had the diploma and certificate hereinbefore mentioned.

The members of the State Board of Health in each congressional district shall, by publication in some newspaper printed in the county in which their meeting is to be held, or if no such paper is printed therein, in some newspaper of general circulation in such district, give at least twenty-one days' notice of the time and place at which they will meet for the examination of applicants for permission to practice medicine, which notice shall be published at least once in each week for three (3) successive weeks before the day of such meeting. But this section shall not apply to a physician or surgeon who is called from another State to treat a particular case, or to perform a particular surgical operation in this State, and who does not otherwise practice in this State.

SEC. 15. If any person shall practice, or attempt to practice medicine, surgery or obstetrics in this State without having complied with the provisions of section nine (9) of this chapter, except as therein provided, he shall be guilty of a misdemeanor and fined for every such offense not less than fifty nor more than five hundred dollars, or imprisoned in the county jail not less than one month nor more than twelve months, or be punished by both such fine and imprisonment, at the discretion of the court. And if any person shall file or attempt to file a false or forged affidavit of his identity, or shall wilfully swear falsely to any question which may be propounded to him on his examination, as herein provided for, or to any affidavit herein required to be made or filed by him, he shall, upon conviction thereof, be confined in the penitentiary not less than one nor more than three years, or imprisoned in the county jail not less than six nor more than twelve months, and fined not less than one hundred nor more than five hundred dollars at the discretion of the court.

These sections the counsel for the plaintiff in error insists are unconstitutional, null and void. In an elaborate argument he claims that these sections are inconsistent with article 10 of the amendment to the constitution of the United States as well as to section 1 of article 14 of the amendments to the constitution of the United States; and that they are also inconsistent with numerous sections of our bill of rights, article 3 of our constitution. (Acts of 1872-73, page 5.) The sections of our bill of rights with which they are inconsistent are claimed to be sections 1, 2, 4, 10 and 11. He argues that these various provisions contained in the constitution of the United States and our constitution were intended to incorporate as fundamental principles in our government certain general views of the objects, ends and purposes of all governments, laid down by certain text-writers, and which I do not question are correctly laid down by these text-writers. I will here quote a number of these general views, selecting those upon which the counsel of the plaintiff must place his principal reliance: "Every wanton and causeless restraint of the subject, whether practiced by a monarch, a nobility or a popular assembly, is a degree of tyranny; nay, even laws themselves, whether made with or without our consent, if they regulate and constrain our conduct in matters of mere indifference without a good end in view, are regulations destructive of liberty." Again, "that constitution or form of government, that system of laws is alone calculated to maintain civil liberty, which leaves the subject entire master of his own conduct, except on those points where the public good requires some direction or restraint." And "wherever laws attempt more than is necessary to secure alike to every man, weak or strong, rich or poor, ignorant or instructed, the right, the moral power of seeking his own happiness in his own way, they invade natural liberty, of which they ought to be the bulwark." These, and certain other general propositions laid down by certain text-writers, are regarded by the counsel of the plaintiff in error as fundamental principles of our law and constitution, and according to his views fairly deducible from these provisions of the constitution of the United States and of our bill of rights. And that consistently with them no government can interfere with the rights of a citizen to pursue his lawful trade, or calling, or profession, nor can any government legitimately by its legislature fix the qualifications of any person necessary to be possessed before he

may engage in any business, calling or profession. Nor can any legislature legitimately confer on any board, or other organized body, the right to determine whether any person has the requisite qualifications, mental or moral, to engage in any business, calling or profession. And if our legislature has done so, it has violated these fundamental principles of good government deducible from these provisions of our constitution, and such laws of the legislature should be pronounced by the courts null and void. The counsel for the plaintiff in error has in an elaborate argument attempted to show that sections 9 and 15 of chapter 93 of the Acts of 1882 are most unjust and oppressive, and unnecessarily and injuriously interfere with the natural rights of any citizen to engage in the practice of medicine by granting to a board the arbitrary right to pass upon his qualifications to practice medicine. And unless his qualifications to practice medicine have been shown in the manner arbitrarily fixed in this 9th section, if he should practice medicine, as he has a natural right to do, he shall be liable to be punished as if he had committed a criminal offense. Before considering these positions of counsel in any detail it will be well to consider some general views which have been taken by many courts and judges bearing on this general subject.

The conclusions reached by Judge Cooley, after reviewing or referring to many authorities, are as follows: (See Cooley Constitutional Limitations, ch. 8, p. 168.) "The rule of law upon this subject seems to be that, except when the Constitution has imposed limits upon the legislative power, it must be considered as practically absolute, whether it operates according to natural justice or not, in any particular case. The courts are not the guardians of the rights of the people of the State except as those rights are secured by some constitutional provision which comes within the judicial cognizance. The protection against unwise or oppressive legislation, within constitutional bounds, is by an appeal to the justice and patriotism of the representatives of the people. If this fail, the people in their sovereign capacity can correct the evil; but courts cannot assume their rights. The court can only arrest the execution of a statute when it conflicts with the constitution. It cannot run a race of opinions upon points of right, reason or expediency with the law-making power. Any legislative act which does not enroach upon the powers apportioned to other departments of the government, being *prima facie* valid, must be enforced, unless restrictions upon the legislative authority can be pointed out in the constitution and the case shown to come within them. If courts are not at liberty to declare statutes void because of their apparent injustice or impolicy, neither can they do so because they appear to the mind of the judges to violate fundamental principles of republican government, unless it shall be found that those principles are placed beyond legislative enroachments by the constitution. The principles of republican government are not a set of inflexible rules vital and active in the constitution, though unexpressed, but they are subject to variation and modification from motives of policy and public necessity. And it is only in those particulars in which experience has demonstrated that any departure from the settled practice works injustice or confusion, that we discover an incorporation of such principles in the constitution in such a form as to

make them definite rules of action under all circumstances." These views of Judge Cooley are certainly entitled to the gravest consideration. But he admits, on page 164 of his work on Constitutional Limitations, that in certain extreme cases judges of great eminence have been understood to intimate, if not decide, doctrines different from those he asserts. While these views of Judge Cooley must be regarded as laying down correct principles which should generally guide courts in deciding on the constitutionality of any statute, yet it may be that in certain extreme cases they ought to be departed from, but whether they are or are not of universal application, I need not consider in this case, as it is no such extreme case. The constitutionality of these sections 9 and 15, of chapter 93 of the Acts of 1882, is readily shown by the application to them of undisputed principles well settled by numerous decisions. The several States of this Union possess a general police power by which persons and property are subjected to all kinds of restraint and burdens in order to secure the general comfort, health and prosperity of the State; and the legislatures of the several States have the perfect right to pass laws to effect these objects and to adopt whatever precautionary measures they may deem proper to secure the comfort, health and prosperity of the State or of its citizens by requiring every citizen to observe the maxim *sic utere tuo ut alienum non ledas*.

These principles are laid down in the opinion of Justice Strong in the *Railroad Company v. Husen*, 5 Otto, p. 469, and they were cited and approved by this Court in the *State of West Virginia v. The Baltimore and Ohio Railroad Company*, 24 W. Va. There can be no doubt that the legislature of this and every other State should permit the utmost freedom of action by each citizen which may consist with the public welfare, and it ought not by law to impose any restraint thereon which the paramount claims of the community do not demand. But of course it does not follow that the legislature cannot by law legitimately restrain the action or conduct of any individual citizen by a general law applicable alike to all, when such restraint is imposed for the purpose of promoting the comfort, the health or prosperity of the community at large. Under these circumstances the legislature of any of the States has a perfect right under its general police power to pass laws placing individuals under restraint in the exercise of any business, calling or profession. This power has been constantly exercised by State legislatures, and the courts have, so far as I know, universally recognized such power, and have held that acts of the State legislatures passed in the exercise of this power were constitutional and valid. In a great variety of cases State legislatures have required licenses to be granted before a citizen could engage in certain character of business or in certain professions, when from the character of business or profession the public was liable to be imposed upon unless the individual citizen was placed under this and other restraints imposed on all alike who engaged in such business or profession. Thus, laws have been passed to license bakers and to regulate both the weight and price of bread, and to prohibit the baking of bread for sale by those not licensed. And such acts of the legislature have been valid and constitutional (see *The Mayor and Aldermen*

of *Mobile v. Yuille*, 3 Ala. 137. In no State in this Union, so far as I know, is a citizen permitted to engage in the selling of intoxicating liquors without being placed under restraint by legislative acts. These restraints vary much in different States, and in very many of them the person desiring to engage in such business has first to obtain a license from a specified body or person, and before obtaining such license has to establish his fitness to engage in such by proving his moral character. The general right of the legislature by statute to regulate the sale of intoxicating liquors and to place persons engaged in the business under whatever restraint the legislature deems necessary to protect the community from injury either to its morals or health by those engaged in this business, is universally recognized by the courts, and is so well understood that no decision need be referred to as recognizing this species of legislation as valid.

Other sorts of business have also been put under restraint and regulation, the general rule being that the legislature may restrain any one in the exercise of his natural rights to engage in any business whenever the promotion of the public safety, health or prosperity requires a restraint of any particular sort to be put upon any particular business. The principle involved in this regulation by law of various sorts of business has been also extended to various callings and professions. Thus, so far as I know, the practice of law is a profession which the legislature of every State has deemed one which should be regulated by law, and those engaged in this profession put under restraints for the protection of the general public. The person proposing to practice law is everywhere required to obtain a license from some person or persons qualified to determine whether the applicant has the qualifications necessary to practice law. The constitutionality of such laws, or even their propriety, has never been questioned. The legislatures have, however, frequently gone further and imposed a tax on persons practicing law as lawyers, and this right of the legislature to impose such burden on members of this profession while no such burden has been imposed on others has been disputed. But the right of the legislature to do so has been generally upheld by the courts. (See *State v. Gazlay*, 5 Ohio R. 21; *Cousins v. State*, 50 Ala. 113; *McCaskell v. State*, 53 Ala. 510; *Simmons v. State*, 12 Mo. 269; *Langville v. State*, 4 Tex. App. 312; *State v. Hayne*, 4 S. C. 403; *State of Louisiana v. Frank King*, 21 La. Ann. 201.)

These cases all recognize, as a matter of course, the authority of the legislature to require any one engaging in the practice of law to obtain a license; that they may be also usefully consulted in determining what should be inserted in any indictment against any person for practicing a profession, whether legal or medical, without a compliance with the State law placing restraints on the practice of such profession, and subjecting to indictment parties engaging in such profession in violation of the statute. The following additional cases may be referred to as showing not only that the right of the legislature is universally recognized to restrain persons who engage in any business or profession when the public security or prosperity would be promoted by such restraint, but also as showing what should be alleged in indictments for a violation of statutes imposing

such restraints. (See *Goldthwaite v. Montgomery*, 50 Ala. 486; *Cohen v. Wright*, 22 Cal. 322; *Ex parte Yale*, 24 Cal. 241; *Ex parte Spinney*, 0 Nev. 323; *Porter & Co. v. State*, 53 Ala. 66; *Antle v. State*, 6 Tex. App. 202; *State v. Goldman*, 41 Tex. 104; *Wheat v. State*, 6 Mo. 455; *Schmidt v. State*, 14 Mo. 137; *State v. Hale*, 15 Mo. 607; *State v. Richeson et al.*, 45 Mo. 515; *Hord v. Simmons*, 13 La. Ann. 397; *Sheldon v. Clark*, 1 Johns. 513; *Timmerman v. Morrison*, 14 Johns. 269; *Kane v. Johnson*, 9 Bosw. (N. Y.) 152; *G. W. R. R. v. Bacon*, 30 Ill. 347; *Gunnarssohn v. Sterling*, 92 Ill. 569.) These statutes requiring that any person who undertakes to practice law must first be examined by judges competent to determine whether he have the requisite qualifications, are based upon the well-known fact that none but those who have been specially educated with reference to practicing law can do so without great injury to the community, who must employ lawyers in their business and who are necessarily incompetent, to a considerable extent, to judge of the qualifications of a lawyer, and are thus subject to be imposed upon by pretenders ignorant of their profession. To furnish the community some protection against such imposters, the statute-law in perhaps every State in the Union prohibits any one from practicing law till he has first been examined by a competent judge, or by a competent body of men, and a certificate of his qualifications and a permission to practice law has been obtained. The same reasons would seem to equally require that no one should be allowed to practice medicine who has not been first examined by some competent person, or body of men, as to his qualification to practice medicine, and has obtained permission to do so, for it is obvious that the doctor equally with the lawyer requires a special education to qualify him to practice, and that the community in the case of the doctor, at least as much as in the case of the lawyer, are incompetent to judge of his qualification, and are liable to be imposed upon by imposters and quacks professing to practice medicine. Indeed, the liability to imposition on the community through quack doctors would, it would seem to me, be even greater than their liability to be imposed upon by pretenders in the practice of law, yet the legislatures of many States have singularly neglected to protect the community against imposition on them by quack doctors, but have left the community to only such protection against them as was furnished by the common law, and by it physicians undertaking to practice their profession were held responsible, not only for due care and diligence, but for that degree of skill and capacity which ordinarily belongs to those who practice medicine. (See *Seave v. Prentice*, 8 East. 348.) But, as in the case of lawyers, many of such State legislatures have, by statute law, afforded additional protection to the community against the humbuggery of quack doctors. Thus, at a very early day, New York passed statute laws intended to afford protection to the community against the impositions of quack doctors. The Supreme Court of New York, as early as 1806, affirmed a judgment against a physician, inflicting a fine on him of twenty-five dollars for practicing medicine contrary to the provisions of an act of the legislature. (See *Sheldon v. Clarke*, 1 Johnson Rep. 513.) There was no question even raised in that case as to the constitutional right of the legislature to pass

such an act. By the terms of this act any person was forbidden to practice physic or surgery without a diploma, and, if he did so, he could not collect his fees as a physician, and he was subject to be fined twenty-five dollars for practicing without a license, with certain provisions to be found in *Timmerman v. Morrison*, 14 Johns. 369. The constitutionality of these and like laws have never been questioned in New York. (See *Thompson v. Staats*, 15 Wend. 395.) In 1817 the Massachusetts legislature passed an act whereby it was provided that no person shall recover fees for medical purposes who shall commence practice after July 1, 1818, without a degree or license. The validity of this and like acts of the legislature were never questioned in Massachusetts (see *Spaulding v. The Inhabitants of Alford*, 1 Pick. 33). But an amendment to this statute was made in 1818, whereby it was provided that no person practicing physic or surgery shall be entitled to the benefit of law for the recovery of any debts or fee for his professional services, unless he shall, previously to rendering such services, have been licensed by the Medical Society or been graduated a doctor in medicine at Harvard University. This amendment, it was claimed, was unconstitutional, but not because it required a license of a physician before he could practice, but because, in violation of their constitution, it conferred peculiar privileges on the Medical Society and on Harvard University. But the court, in *Hewitt v. Charier*, 16 Pick. 356, decided that this act was constitutional; they say, page 356: "It appears to us that the leading and sole purpose of this act was to guard the public against ignorance, negligence and carelessness in the members of one of the most useful professions." And this they treated as legitimate, as a matter of course. (See also *Wright v. Lanckin*, 19 Pick. 288.) In Maine the legislature has passed this act (see R. S. 1571, chapter 13, section 3), "No person except a physician or surgeon, who commenced prior to February 16, 1831, or has received a medical degree at a public medical institution in the United States, or a license from the Maine Medical Association, shall recover any compensation for medicine or surgical services, unless previous to such services he had obtained a certificate of good moral character from municipal officers of the town where he then resided." In *Bibber v. Simpson et al.* Adm'r, 59 Maine 181, it was decided that professional services of a medical clairvoyant were "medical services" within the meaning of this act, and could not be recovered for, if the clairvoyant had not complied with the act. There was no question even suggested as to the constitutionality of this act.

The legislature of Texas on August 21, 1876, passed an act to regulate the practice of medicine, which provided among other things, that no one should practice medicine without having a certificate from authorized board of medical advisers as provided by the act, and subjecting one who did to be fined. In *Antle v. The State*, 6 Texas R. 202, the court affirmed a judgment inflicting a fine of fifty dollars on a doctor who had violated this law. The principal question discussed was, whether the information was properly drawn. The constitutionality of the act was not questioned. The provisions of this act may be found in *State v. Goldman*, 44 Texas 104, when its constitutionality was again assumed

to be indisputable. On May 5, 1868, the legislature of Ohio passed "an act to protect the citizens of Ohio from empiricism and elevate the standing of the medical profession." It provided among other things, that it should be unlawful for any person who had not attended two full courses of instruction and graduated at some school of medicine, either of the United States, or some foreign country, or who could not produce a certificate of qualification from State or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for compensation. This act was assumed as a matter of course to be valid in *Wert v. Clutter*, 37 Ohio State Rep. 347. There is a statute of the same general character in Missouri, but the particular provisions of which I do not know, but under it a physician was convicted for practicing medicine. In *State v. Hale*, 15 Mo. 407, the court assumes that the statute is constitutional. The legislature of Minnesota in 1883 (chapter 125 of Code of 1883) passed an act which among other things created a board of medical examiners and required all persons except such as had been practicing medicine for five years within the State, as a condition of their right to practice, to obtain from this board, after examination, its certificate of their qualification, unless the person were a graduate of a school or medical college and had a diploma which had been presented to this board. This portion of this act was held to be clearly constitutional by the Supreme Court of Minnesota in the case of *Minnesota v. The State Medical Examining Board*, 32 Minn.

In the Acts of Nevada (Stat. of 1875, 467) is "an act to prevent the practice of medicine by unqualified persons." In *Ex parte Spinney*, 10 Nev. R. p. 325, it was claimed that this statute was unconstitutional because "it was a special law in a case where a general law was applicable, contrary to their constitution, and because it was in conflict with the fourteenth amendment of the constitution of the United States, which declares that no State shall make or enforce any law which shall abridge the privileges or immunities of the citizens of the United States; and also with the second section of article four of the constitution of the United States, which declares that "the citizens of each State shall be entitled to all the privileges and immunities of citizens in the several States."

The act to which their objections were urged prohibited all persons from practicing medicine or surgery in the State who had not received a medical education, a diploma from some regularly chartered medical school, and a penalty of fine and imprisonment for every violation of these provisions. These provisions were held to be constitutional by the court, and in fact their constitutionality was not even disputed by counsel in argument. But there was a provision in the act that "no portion of this act should apply to those who have practiced medicine or surgery in the State for a period of ten years next preceding the passage of this act." This provision of the act, it was claimed by counsel, "was not founded upon any natural, fair or reasonable distinction, and makes the law special within the meaning of the prohibition of their constitution against special laws where general laws can be made applicable, and made it a discriminating law within the prohibition of the

Federal constitution, which declares that 'no State shall deny to any person within its jurisdiction the equal protection of the laws.' (See article 14 of amendments of constitution, section 1.)" Three distinct grounds were taken by counsel to sustain these grounds. "First—In admitting those who had practiced ten years and excluding those who had practiced nine years and eleven months. Second—in admitting those who had practiced the requisite period in the State and excluding those who had practiced during the same period in other States. Third—In making a distinction between those who have practiced in the State during ten years next preceding the passage of the act and those who had practiced just as long or longer in this State, but not continuously during the last ten years." These provisions, it was insisted, were arbitrary and unconstitutional. The first ground of objection was overruled by the court because, according to the views of Judge Beatty, "it was clearly within the province of the legislature to declare what is the minimum amount of experience that should authorize a license to practice." The second ground was also overruled by the court, because, according to the views of Judge Beatty, the mere practitioner for ten years in Louisiana or Florida might acquire sufficient knowledge to practice in the diseases incident to the climate in those States, and yet be unfit safely to practice in the diseases incident to the climate of Nevada. But upon the third ground there was some diversity of opinion. But two judges sat in the case, Chief Justice Hawley and Beatty. Judge Beatty was of opinion that this third ground of objection did not render this law contrary to the provisions of the Nevada constitution forbidding special legislation, though the act was entirely without reason and arbitrary so far as it required ten years' practice in the State preceding the passage of the act. To his mind no reason could be assigned why ten years' practice in the State should not qualify one to practice medicine just as well when a portion of the ten years succeed the passage of the act as when the whole ten years preceded the passage of the act. Nevertheless, he could not hold that the fact that this provision of the law was thus arbitrary and unjust, rendered it contrary to the constitution of Nevada prohibiting special legislation. But he did regard this provision as contrary to that portion of the fourteenth amendment to the constitution of the United States, which forbids any State "to deny to any person within its jurisdiction the equal protection of the laws." Upon this subject Judge Beatty says, page 334: "I entertain no doubt that among the inherent privileges of the citizens of a free country is the right to pursue any lawful calling in a lawful manner; that is, subject to such restrictions, and none others, as may be deemed necessary for the public welfare. What restrictions are unnecessary in that view, it is the province of the legislature to decide, and its decision, no matter how ill advised it may appear to be, is binding on the courts, whenever it appears to have been based upon motives of policy or general expediency. But when the law excludes a class of citizens from the pursuit of a useful, honorable and profitable vocation, and there is no assignable motive of policy or expediency to justify the exclusion; or in other words, when it is apparent that the whole scope and object of the law is

to make a forbidden discrimination, without looking to the attainments of any public benefit, I think a court should not hesitate to say such a law is forbidden by the fourteenth amendment of the Federal constitution. I think there is no sort of reason for requiring the practice to have extended over the particular ten years immediately preceding the enactment of the law, and to this extent I am forced to hold it unconstitutional." Chief Justice Hawley, on the contrary, was of the opinion (see page 335) that the law was in all respects constitutional. He says: "The right of the legislature to prescribe qualifications based upon professional skill or knowledge, so as to prevent unqualified persons from practicing any profession, has been, time and again, recognized in the various courts in the several States and in the Supreme Court of the United States. The recognition of the power necessarily implies that the legislature is the sole judge of the qualifications, and that the establishment of any rule would to some extent be arbitrary and an imposition of some restraint upon the individual exercise." And he declined to consider whether the law was in any respect unreasonable or unjust. He says on page 337: "In adopting the exception to the requirement that the person should have a diploma, that this should not be required of those who have practiced medicine or surgery in the State for a period of ten years next preceding the passage of the act, the legislature did not infringe upon any provision of our State or Federal constitutions, and we are not thereupon required to state what, in our opinion, may have been the motive for the enactment of this law.

The reasons which may have induced the legislature to insert the exception may have been as varied as the different minds of its members. It is simply the question of power which we are called upon to discuss and determine. Whether the power was reasonably or unreasonably exercised; whether it was wise or unwise, expedient or inexpedient to enact the law, are questions left exclusively to other departments of our State government to decide, and their judgment must necessarily be decisive upon these questions." In the case of *Wert v. Clutter*, 37 Ohio Stat. 347, the question in controversy was whether the Ohio statute by its exception in favor of persons who had practiced medicine for ten years was to be construed as meaning ten years prior to the passage of the act, or whether under the wording of the statute only required ten years of continuous practice embracing the time since as well as before the passage of the act. This last construction was the one adopted by the majority of the court, three out of five judges, while two of the judges interpreted the act to mean that the ten years of continuous practice must precede the passage of the act to entitle one to practice medicine by virtue only of his being a practitioner. But none of the judges who constituted the majority or minority of the court intimated that in their opinion the interpretation of the act which would require the ten years' continuous practice to precede the passage of the act, would make it unconstitutional as a violation of that portion of the fourteenth amendment of the constitution of the United States, which forbids any State "to deny to any person within its jurisdiction the equal protection of the laws." The notion that it would do so seems to have been a view peculiar to Judge

Beatty, of Nevada, and it seems to me that his reasoning to sustain this view in *Ex parte Spinney*, 10 Nevada, pp. 334, 335, is unsound, and if adopted by the courts would lead to much mischief. The reasoning of Chief Justice Hawley in that case seems to me much more sound, and was doubtless the grounds on which all of the judges in *Wert v. Clutter*, 37 Ohio Stat. 347, acted when they tacitly assumed that under any construction of the Ohio act it would not violate the constitution of the United States.

It seems, therefore, clear that both on reason and authority we could not do otherwise than hold that all the provisions in section 9 and section 15 of chapter 93 of the Acts of 1882 are constitutional and valid, and should be enforced by all the courts. There is not a single provision in either of these sections of this chapter that violates any provision of the constitution of the United States or of the constitution of this State. Acts very similar to the provisions contained in these sections have been, as we have seen, held to be valid by the courts in many of the States; and though their State constitutions had in them provisions entirely similar to the most of the provisions of our State constitution, which it is insisted are violated by these sections of this chapter 93; yet in a great majority of the cases we have cited rendered in other States on similar acts, their courts have assumed them to be valid and have not deemed it necessary even to show that they were not inconsistent with any provisions of their State constitutions. These decisions as a matter of course necessarily held that laws of the character of those under consideration did not violate any provision of the constitution of the United States which was in full force in all these States. It would seem, therefore, useless to show how that the provisions of these sections 9 and 15 consist with all the provisions of the constitution of the United States. It is only necessary to read the provisions in the constitution of the United States, which counsel claim conflict with these sections of our law, to see that in accordance with the well established modes of construing constitutional provisions as show in the decisions referred to, they cannot be construed as in conflict with the sections of our law under consideration. But as there are some provisions of our bill of rights which are not found in the constitution of other States, I will refer to one of these provisions of our constitution supposed to be in conflict with the provisions in these sections and show that there is no such conflict. Article 6, section 1 of our constitution, Acts of 1872-3, page 11, provides "the legislative power shall be vested in a Senate and House of Delegates." This obviously confers on them all legislative power except such as they are prohibited by the constitution in its other provisions from exercising. That the sections 9 and 15 of chapter 93 of Acts of 1882 are legislative in their character is not only obvious on their face, but is if possible still more clear from the fact that, as we have seen, many State legislatures have passed similar acts. Are they in conflict with any portion of our constitution? It would seem to me obviously, not in conflict with section 39 of article 6 of our constitution, p. 18-19 of Acts of 1872-3. It does provide that "in no case shall a special act be passed when a general law would be proper and could be made applicable to the case."

This act under consideration and these sections 9 and 15 seem to me so obviously not special acts that it surprised me to find that such a law had ever been claimed to be a special act and in violation of this section, but it seems it has been done, and in *Ex parte Spinney*, 10 Nev. 326, such a law as this was decided not to be in conflict with a similar provision in the Nevada constitution. Article 3 of our constitution, our bill of rights, section 1 (Acts of 1872-3, page 5), provides that "All men are by nature equally free and independent, and have certain inherent rights, of which, when they enter into a state of society, they cannot, by any compact, deprive or divest their posterity, namely: the enjoyment of life and liberty, with the means of acquiring and possessing property, and of pursuing and obtaining happiness and safety." The law we are considering is claimed to conflict with this provision of our bill of rights. Of course all men have a right to the means of acquiring property. But the means he uses must be lawful means. He cannot acquire property by stealth or robbery. In so doing he infringes on the rights of others, on their right under this very provision of our bill of rights to possess property. So he cannot have a right to acquire property by the practice of medicine, if he has no qualifications to practice medicine, and if in his attempt to do so he destroys the health of others in violation of the law of the land. And, therefore, the legislature has a right by law to declare that he shall not acquire property by the practice of medicine unless he possesses the requisite qualifications, and there can be thus given some assurance to the community that he will not destroy the health of others. For how can others enjoy their life as provided for by this section of our bill of rights, if any quack has an absolute right to destroy life by his attempt to practice medicine. The legislature, therefore, in declaring what shall be the qualifications of a person before he shall acquire property by practicing medicine, does not violate this provision of our bill of rights. Of course the courts have no right to decide or consider whether the legislature has acted wisely in determining what are the requisite qualifications which one must possess before he can practice medicine, or whether the legislature has adopted a wise mode of determining whether such qualifications are possessed by one who wishes to practice medicine. This is obviously a purely legislative question. For this Court to undertake to say that the legislative act fixing these qualifications and declaring how they are to be shown to exist, was to be treated as a nullity, and that the courts should, as insisted by counsel themselves, determine whether such qualifications existed in each particular case, would be a bold usurpation of authority by this Court, and would directly violate article 5 of our constitution, Acts of 1872-3, p. 11, which declares "the legislative, executive and judicial departments shall be separate and distinct, so that neither shall exercise the power properly belonging to the others." This section 1 of our bill of rights is probably the only one which is peculiar to this State, and which could be supposed to have any effect on the question whether the legislature had a right to pass sections 9 and 15 of chapter 93 of the Acts of 1882. The truth is that this and other general declarations of rights relied on

by the counsel for the plaintiff in error, as well as numerous general declarations of rights laid down by text-writers and relied on by the counsel for the plaintiff in error, have really no bearing on the questions under discussion.

If this Court should, under any such loose and general declarations as to what should be proper functions of government, undertake to declare void an act of the legislature which, according to our notions, violated these indefinite fundamental principles of government, simply because we deemed the legislative action, though within the scope of their authority, was arbitrary, unjust or oppressive, we would ourselves be clearly usurping authority. And I cannot see that the situation of our citizens would be improved by being subject to the arbitrary and unlimited control of the courts. On the contrary, it seems to me that this would constitute the worst of all tyrannies.

It is complained that the State Board of Health, created by chapter 93 of Acts of 1882, and by this section 9, is made autocratic, with arbitrary and tyrannical powers conferred on them because they can at pleasure decide what college is a reputable college.

The provision of the law, if objectionable at all, can only be found fault with because what constitutes a reputable college as distinguished from a disreputable one is so vague as necessarily to leave to the members of the Board of Health a rather indefinite discretion. But it is on this account not more objectionable than a discretion conferred on medical examiners to decide whether the applicant possesses a moral character, and yet statute-laws in which were such a provision have been sustained as valid. (See *Thompson v. Hazen*, 25 Me. 104, and *Wert v. Clutter*, 37 Ohio St. 347.) This objection has not, however, been specially urged by the counsel for the plaintiff in error. His argument has been based on what it seems to me to be a total misapprehension of the distinction which must always be respected in every republican government, of what questions are legislative and what judicial. His arguments, based on general principles laid down by text-writers as to the legitimate functions of government, are arguments which should be addressed to the legislature and not to the courts. As a specimen of them, I will quote briefly from his written brief. He charges that the powers conferred on the Board of Health are arbitrary and tyrannical because, to use his language, they are authorized "to decide what are the necessary qualifications in each individual case, and admit or reject the applicant as they see fit. They may admit to practice an applicant who does not know his stomach from his brains, or through ill-will, party influence, or a domineering spirit, reject an applicant who may know more and be a better practitioner than the combined board." There may be good reasons why the legislature should have guarded, as far as possible, in the law, against such evils, but they are very poor reasons why no such law should be passed; for it is obvious that every law, no matter how necessary, may be executed by those entrusted with carrying it out in an unjust and oppressive manner. The legislature in this case seems to have considered well the necessity of avoiding the unjust, foolish and oppressive execution of this law as far as it

could be done, by providing that the members of this Board of Health should be appointed by the Governor, and that, as officers of the State, they should take an oath to faithfully perform their duties; that they be required to be graduates of a respectable medical college, who have practiced medicine continuously for not less than twelve years. And as a further preventive of abuses, each of the members of this board are removable at the pleasure of the Governor. If these provisions should prove inadequate to prevent the abuses of their power, the legislature must be applied to by those who are injured, to provide other preventives, or, if necessary, to repeal the law. But while it remains a law it must be enforced by the courts.

For these reasons I am of opinion that the judgment of the circuit court of April 12, 1883, must be affirmed, and that the defendant in error must recover of the plaintiff in error its costs in this Court expended and thirty dollars damages.

President Johnson and Judges Snyder and Woods concurred in this opinion of Judge Green.

MISSOURI MEDICAL-PRACTICE ACT.

DECISION OF THE SUPREME COURT OF MISSOURI, *in the case of The State ex rel. E. G. Granville vs. the State Board of Health.*

THIS is an original proceeding in this Court, having for its object our peremptory writ commanding the respondents to issue and deliver to the relator a certificate, as provided for in the act of April 2, 1883, authorizing him to practice medicine in this State. The issuance of the alternative writ has been waived, the petition therefor, by agreement, standing in lieu thereof.

The petition is as follows:

The State of Missouri, at the relation of Edwin G. Granville, complains of the defendants E. H. Gregory, G. M. Cox, J. C. Hearne, G. T. Bartlett, W. B. Conery, H. F. Hereford and Albert Merrill, and says that said defendants constitute the "State Board of Health of Missouri;" that on the 17th day of November, A. D. 1882, the "Kansas City Hospital College of Medicine" was duly created and became a body corporate and politic under and by virtue of the laws of the State of Missouri, regulating the incorporation of benevolent, religious, scientific, educational and miscellaneous associations; that said "Kansas City Hospital College of Medicine," in accordance with the provisions and requirements of its charter of incorporation, duly commenced, and has ever since been engaged in the teaching of medicine and surgery, and those sciences, a knowledge of which is necessary or proper for a full and adequate understanding of medicine and surgery in all their scope and branches; that the relator, the said Edwin G. Granville, was, on the 15th day of March, A. D. 1883, duly graduated by said "Kansas City Hospital College of Medicine," and duly received a diploma from said "Kansas City Hospital College of Medicine," bearing date said 15th day of March, A. D. 1883, and said relator, the said Edwin G. Granville, thereupon became, and ever since has been, and now is, a graduate of medicine; that heretofore, to-wit, on or about the 5th day of September, A. D. 1883, the said relator duly presented his said diploma to the said defendants, as such "State Board of Health of Missouri" for verification as to its genuineness; that said diploma was duly verified by the affidavit of said relator (who was the holder thereof); that he was the lawful possessor of the same, and that he was the person therein named, which said affidavit was duly taken before the defendant, E. H. Gregory, who was the president of said "State Board of Health of Missouri," and as such, authorized to administer oaths, and said affidavit was duly attested under the hand of said defendant, E. H. Gregory, as such president, and the official seal of said "State Board of Health of Missouri," that said diploma was by said defendants, as such "State Board of Health of Missouri," found to be genuine as represented, and that said relator was the person named therein and claiming and presenting the same, and it thereupon became and was the duty of said defendants, as such "State Board of Health of Missouri," to issue and deliver to said relator a certificate to that effect, signed by at least four of the members of said "State Board of Health of Missouri," upon the payment by said relator to the Secretary of said "State Board of Health of Missouri," of a fee of one dollar, which said fee of one dollar the said relator duly paid to, and the same was received by the defendant, J. C. Hearne, who was the Secretary of said "State Board of Health of Missouri," and by whom said fee is still retained; that the said relator duly demanded of the defendants, as such "State Board of Health of Missouri," the issuing and delivery to him of such certificate as aforesaid, which the said defendants, as such "State Board of Health of Missouri," wrongfully refused and still wrongfully refuse to do, to the great and irreparable wrong, injury and damage of the said relator.

And the plaintiff further states that the said relator will suffer great and irreparable wrong and injury, and is entirely without remedy for the redress thereof without the interposition of this Court by its writ of mandamus directed to the said defendants, as such "State Board of Health of Missouri," commanding and directing the performance and discharge of said duty.

Wherefore, the plaintiff prays the Court to issue and direct to said defendants a writ of mandamus, directing and commanding them, as such "State Board of Health of Missouri," to issue and deliver to the said relator the certificate of said "State Board of Health

of Missouri," signed by at least four of the said defendants as members thereof, to the effect that the said relator, Edwin G. Granville, did present his diploma from the "Kansas City Hospital College of Medicine" to the said "State Board of Health of Missouri," for verification as to its genuineness, that the said diploma was found to be genuine, and that the said relator was the person named therein, and was the person claiming and presenting the same.

The demurrer of the respondents to the petition is based on these grounds:

First—It nowhere appears in said alternative writ that the said "Kansas City Hospital College of Medicine" has any legal authority, or any authority whatever, to issue diplomas and confer degrees upon its so-called graduates.

Second—It is not stated that said "Kansas City Hospital College of Medicine" is a medical institution in good standing, or that it was found to be such by the respondents, as required by the act to regulate the practice of medicine and surgery in the State of Missouri, approved April 2, 1883.

Third—It does not appear that the relator presented himself to said board of health and offered to submit himself to such examination as said board should require, as required by the act last above mentioned.

The provisions of the act approved April 2, 1883, entitled "an act to regulate the practice of medicine and surgery in the State of Missouri," so far as necessary for quotation, are these:

Section 1. Every person practicing medicine and surgery, in any of their departments, shall possess the qualifications required by this act. If a graduate of medicine, he shall present his diploma to the State Board of Health for verification as to its genuineness. If the diploma is found to be genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health shall issue its certificate to that effect, signed by at least four of the members thereof, and such diploma and certificate shall be deemed conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said board and submit himself to such examination as the said board shall require, and if the examination be satisfactory to the examiners, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

Section 2. The State Board of Health shall issue certificates to all who shall furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing of whatever school or system of medicine; they shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board; they shall furnish to the county clerks of the several counties a list of all persons receiving certificates: provided, that nothing in this act shall authorize the board of health to make any discrimination against the holders of genuine licenses or diplomas under any school or system of medicine.

Section 3. Said State Board of Health shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the Secretary of the State Board of Health shall receive a fee of one dollar from each graduate or licensee, and no further charge shall be made to such applicant, but if it be found to be fraudulent, or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant, that he is the lawful possessor of the same, and that he is the person therein named; such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits as provided in this act, by letter or by proxy, and the State Board of Health shall issue a certificate as though the owner of the diploma was present.

Section 4. All examinations of persons not graduates or licensees shall be made directly by the board, and the certificates given by the board shall authorize the possessor to practice medicine and surgery in the State of Missouri.

1. The third ground of demurrer will not be discussed because of being irrelevant to the case made by the petitioner and foreign to its allegations.

2. In determining the first ground of the demurrer it is unnecessary to rule whether the act of March 3, 1874, which authorizes

board of directors or trustees of any college to confer degrees is still in force as a part of the general law for these reasons. The date at which the petition alleges the incorporation of the college from which relator claims to have received a diploma is December 17, 1882. This allegation, together with others of the petition, shows that such college was incorporated under the provisions of the general law relating to corporations, and more especially under section 974, et seq., which section provides for the incorporation of any school, college, institute, academy or other association formed for educational or scientific purposes, etc. By these general statutory provisions, which have been accepted and acted upon, an incorporation was effected as set forth in the petition and admitted by the demurrer, resulting in the establishment of "The Kansas City Hospital College of Medicine."

Now, when the legislature authorized, by a general law to that effect, the incorporation of colleges, it must be presumed to have been conversant with the effect of such a general enactment, and to have intended that the usual incidents and consequences should flow from such incorporations. Among the incidents and consequences which have been customary with institutions of this character are those of conferring degrees upon those of the students who, having pursued the curriculum, have graduated, and the issuance to them of diplomas bearing evidence of that fact. This has been done by such institutions since the thirteenth century. (2 Kent Com. 270.) A diploma is said to be "a document bearing record of a degree conferred by a literary society or educational institution" (Webst. Dict.) In short, a statement in writing, under the seal of the institution, setting forth that the student therein named has attained a certain rank, grade or degree in the studies he has pursued. If it be said that there is no express power granted to such an institution, by the general law of its organization, to confer degrees on its students, it may be with much force replied that neither is express power bestowed by that law to prescribe the course of study the students shall pursue; to punish or expel them for misbehavior or immoral conduct; and yet no would doubt the power of such an institution in this regard, whether provided for in its charter or not.

In this country "a corporation has authority to do any act which is expressly or implicitly authorized by its charter." "Charters of incorporations frequently prescribe only the main objects of the companies formed under them, authority to use the means necessary to attain these objects must, therefore, be supplied by implication." "Hence it is but reasonable to suppose that where the legislature incorporates a company for the purpose of carrying on a particular business, the intention is that the company shall carry on the business in the usual manner, and that it shall have authority to exercise all powers necessary for the purpose." "Charters must be construed in the light of custom; such transactions as are customary or usual in the prosecution of a business of the kind in which a corporation is engaged, are impelidly authorized by its charter." *Morawets on Private Corp.* 151, 152, 189, and cases cited. In *Barry vs. Merchants' Exchange Co.*, 1 Sandf., ch. 289, Vice Chancellor Sandford said: "A corporation, in order to attain

its legitimate objects, may deal precisely as an individual may who seeks to accomplish the same ends." A variety of instances illustrative of this rule may be met with in the authorities, where a corporation, without being specially empowered by charter so to do, in the transaction of its legitimate business may buy, sell or mortgage land, execute notes or bonds, and perform other business acts germane to the purposes of its creation, except when restrained by law. (White Water Canal Co. vs. Vallette, 21 How. 424; Bostock vs. Railway Co., 4 El. and Bl. 819; *Ex parte* Birmingham Banking Co., L. R. 6, Ch. 83; Ketchum vs. Buffalo, 14 New York, 356.) And it will not be inappropriate to remark, what is well known, that one of the strongest incentives to diligence, industry and habits of good order on the part of students in the pursuit of their studies, is found in the prospect and in the fact that at the end of their arduous collegiate journey, they will receive from their *alma mater* a lasting testimonial of their toils and their scholastic merits, in the shape of a diploma. These considerations induce the belief that the college of medicine in question, under power necessarily implied from its being incorporated for a certain purpose, could lawfully issue and deliver to its graduates diplomas giving evidence of the matters therein recited. But whether this be true or untrue does not affect the determination of the point in hand; for a corporation when acting within the apparent scope of its charter, when doing acts *prima facie* legitimate on their face, acts which seem to bear the impress of being germane to the purpose for which it was formed and usual in the ordinary exercise of the powers which the charter confers;—such acts will be presumed *infra vires*, and the burden of maintaining the contrary lies on him who asserts it. In the absence of proof, no legal presumption obtains that the law in the given instance has been violated; on the contrary, the same favorable intendments will be indulged respecting these artificial bodies, as would be entertained towards natural persons, and these law-made entities are to be held within the benefit of the rule which imputes innocence rather than wrong to the conduct of men. (Morawets' Priv. Corp. 151, and cases cited. Ang. and Ames on Corp. 111, and cases cited; 2 Waite Act. and Def., 334.) Now, matters which the law presumes need not be stated in pleading. (R. S. 1879, Sec. 3,542.) The act of issuing and delivering a diploma to the relator being, apparently, within the corporate capacity under the terms of the law of the organization of the college, will, therefore, be presumed legal and within legitimate limits, and this presumption being indulged, obviates any supposed necessity for a direct statement of the possession of corporate capacity to do the act in question. It results that the first ground of the demurrer must be ruled against the respondents.

The second point made by the demurrants will now be discussed in connection with the statute on which it is bottomed. What is the purpose of that statute its central and dominant idea? By what instrumentalities and what methods was that purpose to be effectuated, and that idea clothed with the garments of practical performance? An answer to these questions solves the sufficiency of the petition on the point now being considered. An attentive reading of the statutory provisions already quoted, together with others

in pari materia, cannot fail to discover that the legislature, so far as legislation could be made effectual, was determined to provide for the sanitary welfare of the people of this State, and to rid this commonwealth of that class of medical pretenders, known by the various designations of empirics, mountebanks, charlatans and quacks. To this end, but three days prior to the approval of the act in question, one had been approved creating a "State Board of Health," on which was conferred a "general supervision over the health and the sanitary interests of the citizens of this State," and made it their duty to recommend to the general assembly sanitary laws, and to cities and county courts the adoption of any rules they may deem wise or expedient for the protection and preservation of the health of the citizens thereof, and they were also empowered to administer oaths and "to take testimony in all matters relating to their duties and powers." (Acts 1883, pp. 95-97. Sections 3 and 16.)

To this end also it was enacted that when any one desired to practice the medical profession in this State, he should do one of two things; either to present himself before the State Board of Health, and "submit to such examination as the said board shall require," or, if a graduate of medicine, to present his diploma to the State Board of Health "for verification as to its genuineness," and "if the diploma is found to be genuine and the person named therein to be the person claiming and presenting the same, the State Board of Health shall issue its certificate to that effect," etc. Sec. 1.

An ingenious argument has been made in behalf of relator endeavoring to show that his right to a certificate is exclusively botommed on section one, just quoted; that this right became consummate when the diploma was verified as to its genuineness, and the person named in it found to be the person claiming and presenting the same, and that this Court in ascertaining whether relator is entitled to the exercise of our mandatory authority in his behalf, must centre and confine our attention to that section alone.

Should we do this, our action would certainly be at variance with that very familiar rule of ascertaining the legislative intent, which requires that, save in exceptional instances, instances where the legislative object is accomplished, embraced and ended in and by a single section, that the whole statute, and sometimes others *in pari materia* must be looked to in the effort to discover the entire legislative meaning. (Potter's Dwar., pp. 144, 145, sections 12, 17, 19; Sedgwick on Construction of Stat., 325.) This case is not an exceptional one: the legislative thought and purpose are not fully expressed, nor the legislative methods whereby that purpose is to be executed, fully described in section 1. This will become apparent as we proceed further in this discussion. Thus, while section 1 provides for the issuance of certificates to graduates and to examiners, it remains for section 2 to declare that the board shall "prepare two forms of certificates, one for persons in possession of diplomas, the other for candidates examined by the board." As the legislature has only made provision in that section for but two forms of certificates, neither of which embrace the case of a graduate who has been so unfortunate as to lose his diploma, it must needs follow that the legislature has made no provision for a case of that

character. This being true, it will also follow that those words in that section requiring the board "to issue certificates to all who shall furnish satisfactory proof of having received diplomas from legally chartered medical institutions in good standing," are to be applied and can only be applied to that class of persons for whom the board is to prepare one of those forms of certificates, and none others, *i. e.*, to that class of "persons in possession of diplomas."

As a necessary sequence of the foregoing it must devolve on him who is possessed of a diploma to furnish to the board "satisfactory proof of having received" such diploma "from a legally chartered medical institution in *good standing*, and this, too, in addition to the requisites as to verification, particularly specified in section 3. And, if leaving the plain language and letter in section 2, we should look to the reasons which gave to the statutory provisions their birth and their being; look to the mischief they were designed to extirpate and the remedy and protection they were designed to furnish, it would seem passing strange that any other conclusion than that announced should be reached. For why should the legislature create a board of health with such comprehensive powers, and in one case, where profert is simply made of the diploma and the affidavit, require that the board should look no further, but straightway go through the perfunctory performance of issuing a certificate to the applicant, and yet when the diploma is merely lost, proof satisfactory must be made that the absent diploma is issued by "a legally chartered medical institution in good standing?" It is not obvious, under the claim made by the relator, that the possessor of the diploma *ipso facto* becomes the possessor of a certificate? If so, wherein consists the protection which the board of health affords in that class of cases? Does not such a construction for the most part nullify the statute and abolish the board of health? If satisfactory proof that a diploma has emanated from a medical institution "in good standing," is requisite in the one case, why not in the other? Surely no satisfactory answer based upon the reason and spirit of the law can be returned to these questions, save one which coincides with the views already announced.

For these reasons the second ground of demurrer must be held valid and the petition fatally defective in lacking the allegations which the demurrer points out.

There is another matter, which, though not raised by the demurrer, is obviously presented by the petition when considered in connection with the section just discussed and the nature of the relief sought. And we examine this matter the more readily because requested by both parties to this controversy, that the "whole law of the case be settled in the outset."

The point we refer to is this: If the proper view has been taken by the meaning of section two, aforesaid, then the board of health, in the discharge of duties in reference to the issuance of certificates, is engaged in the performance of those things which essentially partake of a judicial nature, requiring the examination of evidence and passing on its probate force and effect, requiring the exercise of judgment and the employment of discretion. Now while courts on suitable occasions will apply the spur of mandamus to put the

discretion of inferior courts and officers in motion, yet after that discretion has been exercised, as in the case at bar, no matter in what way, the mandatory authority to compel the doing of the particular act prayed for is at an end. Of course these remarks have no relevancy to acts simply ministerial, where no judgment is to be exercised; but this case is not regarded of that character, and whenever an element, shred or degree of discretion enters into the duty to be performed, the functions of mandatory authority are shorn of their customary potency and become powerless to dictate terms to that discretion. Were the rule otherwise, instead of officers discharging their duties in accordance with their own official discretion, that of a court would be substituted therefor, and in instances like the present, should this Court, proceeding contrary to all precedent, arrogate to itself such revisory powers, it would, while palpably usurping functions conferred exclusively by the law upon others, in the endeavor to ascertain whether a given college is a "medical institution in good standing," find itself seriously embarrassed by the character of the investigation it would be compelled to make; might find itself wandering amid the mazes of therapeutics, or else bogging at the mysteries of the pharmacopœia, etc. To state such an outcome is necessarily to condemn the process of reasoning by which it is reached.

Abundant authority, it need scarcely be said, sustains the position that discretionary powers are not revisable, and that this rule applies with especial force to cases where mandatory aid is sought. High on Extr. Leg. Remed., Secs. 24, 43, 44, 44a, 45, 46, 47, 57, 58, 230 and cases cited. Ang. and Ames on Corp., Secs. 713, 714 and cases cited; Howland vs. Eldredge, 43 N. Y. 457; People vs. Brennan, 39 Barb. 651; People vs. Supervisors, 12 Johns. 414; Chase vs. Canal Co., 10 Pick. 244; Hargrave vs. Smith, 3 B. and S. 611.

In a recent case in Minnesota, decided in July last, and reported in the November number of the *American Law Register*, the same view is taken of the point, and mandamus refused, where the board of health of that State, acting under a statute similar to our own, had refused to grant a certificate to one who had been guilty of "unprofessional or dishonorable conduct." Powell vs. State Med. Exam. Board, S. C. N. W. Ref. (July), 238. And in that case it is also decided, and a number of authorities are cited in support of the ruling, that the creation of such a board with powers such as have been described, is within the power of the legislature and does not transcend constitutional limits.

It is thought best to say this in conclusion, that notwithstanding what has been said relative to the discretionary powers of the board of health, that according to the express terms of the proviso in section 2, supra, such discretionary power does not extend to discriminating against any particular school or system of medicine, and that, should such discrimination ever occur, the limits of discretionary power will have been passed. Relator, if he desires, has leave to plead further.

All concur, except Hough, C. J., who concurs in all the paragraphs of this opinion except the last one, which he does not regard as pertinent to the present state of the pleadings.

HISTORICAL REVIEW OF THE REGULATION OF THE PRACTICE OF MEDICINE.*

By WILLIAM DRAYTON, ESQ.

IN England the practice of the healing art during the middle ages was, as a rule, confined to the priests—the only educated class—but ignorant pretenders to science abounded then as now, and as early as 1122, 9 H. V., a statute was proposed enacting that “No one shall use the mysterie of fysyk unless he hath studied in some university, and is at least a bachelor in that science (the penalty being 10 l.), and every woman who shall practice physiek shall suffer the same penalty.” This seems never to have had the effect of an act of parliament, but in the 3 H. VIII., c. 9, appears an act for the appointing of physicians and surgeons, which, after reciting the necessity of skill in the arts of medicine and surgery, and deploring that they are daily exercised by a great multitude of ignorant persons, enacts that “no person within the city of London, nor within seven miles of the same, take upon himself to exercise or occupy as a physician or surgeoen except he be first examined, approved and admitted by the Bishops of London or the Dean of Pauls for the time being, calling to him or them four doctors of physie.” This act also provided for the admission of physicians outside of these limits, by an examination by the bishop of the diocese. The superintendence of the bishops was taken away by a royal charter dated September 28, 1518, incorporating the Royal College of Physicians, confirmed by the statute of 14 H. VIII. The acts of 32 H. VIII. and 1 Mary, sect. 2, conferred upon this college great privileges, and forbade any one to practice in London, or seven miles distant, save those licensed by the college, upon penalty of 5*l.* a month. All persons were likewise forbidden to practice beyond seven miles radius, unless they were first examined by the president and three of the elects, except they had become graduates of Oxford or Cambridge.

In Bonham's case, 8 Co. 107, it was resolved that none can be punished for practicing physie in London but by forfeiture 5*l.*, and if any practice physie for less than a month he shall forfeit nothing. It was ruled by Lord Holt, in *College of Physicians v. Levett*, 1 Ld. Raym. 472, where the defendant alleged that he was a graduate doctor of Oxford, that such could not practice within London, or seven miles distant, without the license of the College of Physicians. *College of Physicians v. West*, 10 Mod. 353. With regard to surgeons and apothecaries, the ancient guild of barber surgeons was incorporated as early as 1 Ed. IV., and the society of apothecaries received their charter 15 Jan. 1. These charters were confirmed by various enactments—a list of them will be found in Wilcocks on the Law of the Medical Professions. In the year 1858 the Medical Act became a law, establishing the General Council of Medical Education and Registration of the United Kingdom, and regulating the qualification of practitioners in medicine and surgery. Although a medical man possess every title and qualification which any university can bestow, unless his name be duly entered on the Medical Registry he cannot recover fees or charges. *Turner v. Reyna*, 14 C. B., N. S. 328; *Blogg v. Pinner*, Ryl. and M., N. P. 125. According to the English common law, a physician could not recover for services rendered (*Chorley v. Edeott*, 4 T. R. 317; the same principle applied to barristers: *Morris v. Hunt*, 1 Chitty, 546; *Kennedy v. Brown*, 13 C. B., N. S. 677; s. c. 2 Am. Law Reg., N. S. 357; *Poucher v. Norman*, 3 B. and C. 745. In *Veitch v. Russell*, 3 Q. B. 928, it was held that a physician was entitled to recover if he could prove an actual contract, or if he acted as a surgeon as well as a physician, he could recover for services rendered in that capacity. But in *Gibbon v. Budd*, 2 H. and C. 92, Baron Bramwell held that a physician registered under the Medical Act, who is not prohibited by any by-law of his college, can recover without an express contract, the presumption being that he attended the patient, not for an honorarium, but for fees, the right to which could be enforced by an action.

As long as an apothecary did not charge separately for his advice, he might attend a patient and make up and administer proper medicines, without having a license from the College of Physicians or the prescription of a physician, and in so doing did not infringe the privilege of the college nor violate the provisions of 14 and 15 Hen. VIII.: *Rose v. College of Physicians*, 5 Bro. Parl. C. 553; *Towne v. Lady Gresley*, 3 C. and P. 581; he could charge for his attendance as well as for the medicine: *Handley v. Henson*, 4 C. and P. 110; *Morgan v. Hallens*, 8 Ad. and E. 489.

But the College of Physicians may grant a license under the act without restricting their licentiate from compounding and supplying for profit the medicines they may prescribe: *Atty.-Gen. v. Royal College of Physicians*, 31 L. J. Ch. 157.

* Appended to the report of the decision under the Minnesota Medical-Practice Act, in *The American Law Register*, November, 1884.

The above acts of parliament, and the decisions under them, show that the different departments of medical practice are carefully regulated in England. Nor has any question as to the constitutionality of these restrictions ever been raised.

In this country the legislation on the subject has been by no means harmonious. Several States have failed to pass any statute on the subject; others have passed acts making the practice of medicine and surgery without a license or registration, a penal offense; other statutes making the receipt of fees dependent on satisfying the requirements of the act; while in New York, which had passed an act as early as 1787 on the subject, repealed all laws on the subject in 1844 and reenacted them in 1874; and Massachusetts, where the requirements of the act of 1817 were particularly strict, repealed all of these in 1835.

The right of every person to pursue any lawful calling he may see fit, and to do so in his own way, not encroaching on the rights of others, is recognized in this country, subject to certain modifications; *Cooley* 745. Thus a State may impose restrictions on dangerous or offensive occupations as to locality, and not thereby grant a monopoly; *Slaughter House Cases*, 16 Wall. 36. It may require the possession of certain qualities to entitle men to pursue certain callings, such as the legal or medical profession, the apothecaries' trade and that of engineers, pilots, etc. This right rests on the police power of the State, while, for the purpose of revenue, it may impose tax on all following a certain calling.

A license has been defined to be that which confers a privilege and makes the doing of something legal, which, if done without it, would be illegal; *Savannah v. Charlton*, 36 Ga. 460.

A State has a right to derive a revenue from the imposition of what is sometimes called a license, upon all persons following a certain calling; *State v. Gayley*, 5 Ch. 21; *Ward v. State of Maryland*, 33 Md. s. c. 9, Am. Law Reg. N. S. 424; *License Tax Cases*, 5 Wall. 462. Under their police power above mentioned, they have a right which under certain circumstances they may delegate, to impose restrictions as to age, sex, character and attainments upon all engaged in certain callings. As was said by Justice Bradley in *Bradwell v. State*, 16 Wall. 142: "In the nature of things it is not every citizen of every age, sex and condition that is qualified for every calling and position. It is the prerogative of the legislature to prescribe regulations founded on nature, reason and experience, for the due admission of qualified persons to professions and callings demanding special skill and confidence." This was an appeal by a woman from the decision of an Illinois court, refusing to permit her to become an attorney of that court. It was held not to be in violation of the Fifteenth Amendment to the Constitution of the United States. See also *In re Taylor*, 48 Md. 28. But where there was a clause in the Constitution providing that no person shall, on account of sex, be disqualified from entering on or pursuing any lawful business, vocation or profession, it was held in *Maguire's case*, 57 Cal. 604, that a city ordinance forbidding the employment of women as waiters in bar-rooms, &c., was unconstitutional. This power cannot usually be delegated; *Savannah v. Charlton*, supra; *In re Quong Woo*, 9 Pac. Coast L. J. 815; but the State may leave the assessment of it to the court; *State v. Gazley*, supra, in which case it was said the design of a license is to protect the community from the consequences of a want of professional qualifications. The constitutionality of these enactments is also insisted on by the cases cited in the opinion of the court and *Ex parte Spinney*, 10 Nev. 323.

A brief review of the effect of the statutes which have been passed in the various States with regard to the medical profession upon those who have not complied with the requirements set forth, the position of physicians where there are no such statutes, or where the statutes have been repealed, and the exceptions made as to certain practitioners, will be of interest.

"By the common law of America a physician can sue for his fees in assumpsit. This is evidenced by the States at several times having passed acts prohibiting physicians from maintaining action for their fees unless licensed;" *Judah v. McNamee* 3 Blackb. (Ind.) 269; *Downs v. Minchew* 30 Ala. 86; *Mooney v. Lloyd J. S. and R.* 412. He who employs one thus practicing, *prima facie* admits his qualifications; *Crane v. McLaw*, 12 Rich (S. C.) 129; *Brown v. Mimms*, 2 Mills (S. C.) 235, and where no statute on the subject has been passed, a physician, or one practicing as such, must conform to the course of practice of the school he adopts; *Bowman v. Woods*, 1 G. Gr. (Iowa) 441; *Patten v. Wiggin*, 51 Me. 594; 2 Am. Law Reg. (N. S.) 401.

He is expected to display the ordinary skill of those in the profession: *McCandless v. McWha*, 22 Penn. St. 261; *Reynolds v. Graves*, 3 Wis. 416; *Braunberger v. Cleis*, 4 Am. Law Reg. (U. S.) 587; *Patten v. Wiggin*, supra.

Where the statutes have been repealed, as in New York, it is held that any one may practice physic and prescribe, etc., and recover for his or her services, at the peril of being sued for malpractice, and punished for a misdemeanor, if convicted of gross ignorance, immoral conduct or malpractice; *Rossi v. Maretzek*, 4 E. D. Smith 1; *White v. Carroll*, 42 N. Y. 161; *Bailey v. Mogg*, 4 Denio, 60. See *Hewitt v. Wilcox*, 1 Met. 154, as to the Massachusetts act of 1817, and its repeal.

Where the statute imposes a penalty upon practicing physicians, either for failure to obtain a license, to register or to file a certificate on removal, a party thus offending may be indicted; *Hilliard v. State*, 7 Tex. App. 69; *State v. Goldman*, 44 Texas, 107. And the State is not bound to prove that defendant practiced for a reward; *State v. Hale*, 15 Mo. 606. Proof that defendant attended a single case will be sufficient to support the indictment; *Antle v. State*, 6 Tex. App. 202. But it was held in *Finch v. Gridley*, 25 Wend. 470, that where the statute simply imposed a penalty, this would not of itself deprive him of a right to recover for his services; *Bronson v. Hoffman*, 7 Hun, 674.

Where, too, the statute enacts that a license, registration or examination is a prerequisite to enable one to recover for medical services, it was held in *Down v. Minchew*, 30 Ala. 86, that the disability is purely statutory, and a Texas physician was permitted to recover in Alabama, there being no evidence that any license was required in Texas,

while a physician who had completed his studies in Massachusetts and obtained a license to practice in New York, was held not entitled to recover for services rendered in Massachusetts: *Spaulding v. Alford*, 1 Pick. 33; *Wright v. Lanckton*, 19 Id. 288.

A note given for medical services to one forbidden by statute to recover for such services, is void: *Mays v. Williams*, 27 Ala. 267.

Due notice should be given of defendant's intention to avail himself of this defence: *Jordan v. Brewin*, 19 Ala. 238; *Crane v. McClaw*, *supra*.

A person forbidden to charge for medical attendance may recover for drugs sold in the capacity of a druggist, although he includes services and drugs in his bill. *Holland v. Adams*, 21 Ala. 680. Plaintiff will be nonsuited if he does not prove his license. *Adams v. Stewart*, 5 Harring, 144; but it is said that a license is presumed unless the contrary is shown: *Thompson v. Sayre*, 1 Den. 175. If the absence of a license is shown, plaintiff must prove that he came within some of the exceptions to the act: *Bower v. Smith*, 8 Ga. 174.

It has been held that the requirement of a license being repealed, plaintiff could not, by merely presenting a diploma, which was all that the repealing act required, recover for services rendered while the former act was in force: *Richardson v. Dorman*, 28 Ala. 679; while in *Hewitt v. Wilcox*, *supra*, it was said that the act of 1818 being repealed, plaintiff, an unlicensed practitioner, could recover for services rendered prior to the repeal, on the ground that the act only interfered with the remedy, not the right: *Quarles v. Evans*, 7 La. Ann. 544.

In actions of slander, the repeal or absence of legislation as to medical requirements, will leave it to the proof of employment as a doctor, to show damage for words imputing want of skill in the profession: *Crane v. McLaw*; *Brown v. Mimms* and *White v. Carroll*, *supra*.

By the Maine act (Rev. Stat. 1883), no person who has not received a degree at a public medical college in the United States or a license, &c., shall recover compensation. Under this act it was held that where plaintiff brought an action for an injury, he could offer in evidence a diploma from the Eclectic Medical College of Philadelphia, to show that he was a physician: *Holmes v. Healde*, 74 Me. 38; while under the exemption laws of Michigan simply practicing is *prima facie* evidence that one is a physician: *Sutton v. Facey*, 1 Mich. 243.

The laws of New York of 1813, 2 R. L. 222, provide that no person should practice without a diploma under penalty of not collecting fees, except he administered only roots, barks or herbs, in the growth of the United States: *Timmerman v. Morrison*, 14 Johns. 363. Under this act a person who brought suit for botanical medicines, could not recover for his service as physician: *Allcott v. Barber*, 1 Wend. 526.

Whether the laws which regulate the practice of physicians apply to those who attempt to effect a cure by means not sanctioned by any school of medicine, has been doubted. Thus in New York, the laws of 1874, ch. 436, R. S., which forbid the collection of fees by a physician or surgeon not holding a diploma, etc., do not apply to one undertaking to effect cures by manipulation, and one thus employed may recover a compensation agreed on although not a graduate: *Smith v. Lane*, 21 Hun, 632; while in *Hewitt v. Charier*, 16 Pick. 353, one who practiced bone-setting and reducing sprains by friction, was held to be within the act of 1818, which provides that no person practicing physic or surgery, shall be entitled to the benefit of law for the recovery of his fees unless licensed or a graduate. This case was approved in *Bibber v. Simpson*, 59 Me. 181, which was an action by a medical clairvoyant, where Appleton, J., in entering a non-suit, remarked: "The services were medical. Whether plaintiff calls himself a medical clairvoyant (or a clair-seeing physician, or a clairvoyant physician), matters assuredly very little; such services as plaintiff claims to have rendered purport to be and are to be deemed medical, and are within clear and obvious meaning of the act of 1871, which provides that no person, except one duly qualified, shall recover any compensation for medical or surgical services." *Wood v. O'Kelley*, 8 Cush. 406.

An ingenious attempt was made in *Thompson v. Staats*, 15 Wend. 395, to escape the requirements of the law. The defendant offered to show that he was the assignee of a patent medicine, with the right to make, construct, use and vend to others, to be used, a certain improvement in the art of preparing and administering certain medicine. Nelson, J., decided that the letters patent were properly rejected, as they did not authorize defendant to practice physic and surgery within the regulation of the statute: *Jordan v. Dayton*, 4 Ch. 294. There is usually an exception made in the statutes in favor of those who have been in continuous practice for a definite period prior to the passage of the act. In Delaware, those practicing in 1820 are excepted; in Georgia, those practicing prior to 1847. In Illinois, Louisiana, Pennsylvania and Ohio, ten years, and in Kansas and Texas, five years practice are considered equivalent to a diploma. This was held to be constitutional and not to violate the Fourteenth Amendment in *Ex parte Splanney*, 10 Nev. 323.

This provision received a curious construction from the majority of the court in *Wert v. Clutter*, 33 Ohio St. 347, where it was decided to mean ten years previous to the time the parties' right to practice is challenged: *Bowers v. Smith*, *supra*. It is no defence to a suit for malpractice that defendant was not licensed (*Reynolds v. Graves*, *supra*), unless, perhaps, where the patient knew of it before employing him: *Musser v. Chase*, 20 Ohio St. 577.

In some States, as in Alabama, Louisiana, Florida, Missouri, and partially in New Hampshire, midwives are excepted; in other States no mention is made of them. It might be an interesting question, in view of the above decisions, how far in the last mentioned States they would be subject to the penalty imposed. It is to be hoped that the various medical and health congresses will have an influence in rendering the laws in the several States more consistent with one another, so that the public may, in the language of Judge

Moore, be guarded against quacks and empirics, without knowledge or skill fitting them to undertake the important and responsible duties which are necessarily devolved upon physicians, of whose qualifications and fitness for their discharge the general public are unable to judge: *State v. Goldman, supra.*

[The existing laws regulating the practice of medicine in the various States and Territories will be found in the Section on Medical Education, Fifth Annual Report ILLINOIS STATE BOARD OF HEALTH. The only additions since the date of that publication have been the passage of laws in Indiana and Dakota.—J. H. R.]

**F.—Medical Education in the United States
and Canada.**

MEDICAL EDUCATION AND MEDICAL COLLEGES IN THE UNITED STATES AND CANADA—1765-1885.

THE most suggestive facts revealed by a study of the tables and data presented in the following pages are, First, that the number of medical colleges has not increased during the past year; and, Second, that the numbers of medical students and of medical graduates are decreasing. There are still 128 institutions for medical instruction in the United States and Canada, the same aggregate as at the date of the last Report. But there were 760 less students in attendance upon, and 273 less graduates from, the sessions of 1884-85 than upon and from the sessions of 1883-84. In the United States there were 953 less students, and 278 less graduates. In Canada there were 176 more students and 5 more graduates. Third, a more marked uniformity in the requirements of colleges.

There are 2 more regular schools (101), the same number of homeopathic (13), one less eclectic (11), and one less physio-medical (1), which, with two miscellaneous or mixed schools, make the aggregate (128) as before.

Graduates at the close of the sessions of 1884-85 have presented diplomas to the ILLINOIS STATE BOARD OF HEALTH—as the basis of applications for certificates entitling to practice in Illinois—from 42 regular, 7 homeopathic, 3 eclectic, and 2 physio-medical schools; being from 5 more regular, 1 more eclectic, and 1 more physio-medical than the previous year.

Excluding 4 Canadian schools, the graduates of 11 out of 38 regular schools, and of 4 out of 12 other schools, were required to supplement their diplomas by passing examinations before the Board in those branches or subjects of the Schedule of Minimum Requirements which were omitted in the curricula or requirements of their respective colleges. In the previous year the graduates of 17 out of 31 regular, and of 4 out of 6 other schools were required to submit to such examination.

It should be understood that diplomas issued at the close of the sessions of 1883-84, and subsequently, are accepted unconditionally—as sufficient warrant for the certificate of the Board, required by law—from all colleges which give evidence, in their Announcements and otherwise, of an actual and bona-fide compliance with the Schedule herein published. The diplomas of colleges which do not give such evidence are required to be supplemented by an examination before the Board, on the branches or subjects of the Schedule omitted by the colleges in question.

The figures above given show a marked improvement in the proportion of colleges now complying with these requirements. Whereas, during the first year after the Schedule took effect, more than one-

half of the regular and two-thirds of the other schools (whose graduates applied for certificates) had failed to comply in one or more respects, only a little more than one-fourth of the regulars and one-third of the others were derelict during the past year.

The improvement is shown in detail in the tables embraced in the *Summary of Institutions and Students*, which—among other things—show that there are now 110 colleges which exact an educational requirement as a condition of matriculation; in the first Report there were only 45. Attendance on three or more lecture-courses before graduation is now required by 36 colleges, as against 22 heretofore; and provision is made for a three- or four-years' graded course by 45 others. Hygiene is now taught in 91 colleges, and medical jurisprudence in 97; as against 42 and 61, respectively, heretofore. The average duration of lecture-terms has increased from 23.5 weeks to a fraction over 25 weeks; 7 more colleges have lecture terms of five months or over, and 10 more have terms of six months or over, as compared with the sessions of 1882-83.

WHILE this change in the standard and methods of medical education has been going on, it is worthy of note that the numbers of students and of graduates are diminishing—the latter in even a greater ratio than the former. The classes of the last sessions (1884-85) are less than those of any since the sessions of 1882-83. There were in attendance upon these latter sessions 13,088 students; in 1883-84 there were 12,762—a loss of over two and a-half per cent.; in 1884-85 there were 12,002—a loss of over eight per cent. since the Schedule of Minimum Requirements took effect.

At the close of the sessions of 1881-82 there were 4,555 students graduated; in 1882-83 there were 4,215; in 1883-84, 4,101, and in 1884-85 only 3,831—or nearly 16 per cent. less than from the first-named sessions.

There are three causes combined to which this result may be attributed: First, "hard times" throughout the country generally since the great business prosperity of 1882—although the value of this as one of the causes is weakened by the fact that the attendance upon the Canadian schools has increased instead of diminished, there being 176 more students at the last sessions than at those of the previous year, a gain of 23 per cent. Second, a general and increasing desire on the part of the profession to elevate the standard of attainments necessary to enter its ranks. And, third, the enforcement of certain requirements in States which have enacted laws regulating the practice of medicine.

Under such a law the ILLINOIS STATE BOARD OF HEALTH, in 1880, adopted the following

SCHEDULE OF MINIMUM REQUIREMENTS.

I. CONDITIONS OF ADMISSION TO LECTURE-COURSES.—1. Credible certificate of good moral standing. 2. Diploma of graduation from a good literary and scientific college, or high school—a first-grade teacher's certificate. Lacking this—a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics and natural philosophy.

II. BRANCHES OF MEDICAL SCIENCE TO BE INCLUDED IN THE COURSE OF INSTRUCTION.—1. Anatomy. 2. Physiology. 3. Chemistry. 4. Materia Medica and Therapeutics. 5. Theory and Practice of Medicine. 6. Pathology. 7. Surgery. 8. Obstetrics and Gynecology. 9. Hygiene. 10. Medical Jurisprudence.

III. LENGTH OF REGULAR GRADUATING COURSES.—1. The time occupied in the regular courses or sessions from which students are graduated shall not be less than five months, or twenty weeks, each. 2. Two full courses of lectures, not within one and the same year of time, shall be required for graduation with the degree of Doctor of Medicine.

IV. ATTENDANCE AND EXAMINATION OR QUIZZES.—1. Regular attendance during the entire lecture courses shall be required, allowance being made only for absences occasioned by the student's sickness, such absences not to exceed twenty per centum of the course. 2. Regular examinations or quizzes to be made by each lecturer or professor daily, or at least twice each week. 3. Final examinations on all branches to be conducted, when practicable, by competent examiners other than the professors in each branch.

V. DISSECTION, CLINICS AND HOSPITAL ATTENDANCE.—1. Each student shall have dissected during two courses. 2. Attendance during at least two terms of clinical and hospital instruction shall be required.

VI. TIME OF PROFESSIONAL STUDIES.—This shall not be less than three full years before graduation, including the time spent with a preceptor, and attendance upon lectures or at clinics and hospital.

VII. INSTRUCTION.—The college must show that it has a sufficient and competent corps of instructors, and the necessary facilities for teaching, dissections, clinics, etc.

DIPLOMAS of colleges whose educational requirements and methods of instruction fall short of the above schedule are not recognized as entitling their possessors to certificates authorizing them to practice in the State of Illinois. (This does not apply to diplomas issued prior to the sessions of 1883-84, but only to those issued at the close of said sessions and subsequently.) The only way in which holders of such diplomas may legally enter upon practice in this State is by passing a satisfactory examination before the BOARD on the branches or subjects of the Schedule omitted.

This Schedule is, therefore, the test of the "good standing" of a medical college in Illinois. Only colleges which come up to this minimum standard are accounted as in "good standing." To determine the status of any given institution, it is only necessary to compare the summary of the institution set forth in the following pages with the above schedule.

There are 233 different medical institutions, dating from the year 1765, summarized in this report. Of this number the diplomas or licenses of 136 have been presented to the ILLINOIS STATE BOARD OF HEALTH for verification and acceptance—131 for the first time prior to the sessions of 1883-84, and the remaining 5 for the first time

since that date. There are now remaining in existence 128 institutions of medical education of all classes which are empowered to grant degrees—116 in the United States, and 12 in Canada. Among the extinct schools there are 56, out of 145 regular; 9, out of 22 homeopathic; 20, out of 31 eclectic; and 6, out of 9 physio-medical and miscellaneous. All the fraudulent institutions are now extinct.

SUMMARY OF INSTITUTIONS AND STUDENTS.

I—INSTITUTIONS.	Regular.....	Homeopathic.....	Ecclectic.....	Physio-Med.....	* Miscellaneous	Fraudulent....	Totals.....
Total number of Medical Institutions embraced in this Report (a)	160	22	31	4	5	11	233
— — — in the United States	145	22	31	4	5	11	218
— — — in Canada	15						15
Total number of Institutions now extinct.....	59	9	20	3	3	11	105
— — — in the United States	56	9	20	3	3	11	102
— — — in Canada	3						3
Total number of Institutions the diplomas or licenses of which had been presented to the ILLINOIS STATE BOARD OF HEALTH prior to session of 1883-84 (b)	91	15	10	3	2	11	132
— — — in the United States	85	15	10	3	2	11	126
— — — in Canada	6						6
Total number of such Institutions recognized by the BOARD prior to sessions of 1883-84 (b)	91	15	4				110
— — — in the United States	85	15	4				104
— — — in Canada	6						6
Total number recognized conditionally prior to sessions of 1883-84 (b)			6	3	2		11
Total number of Colleges now in existence (c)	101	13	11	1	2		128
— — — in the United States	89	13	11	1	2		116
— — — in Canada	12						12
Total number of Colleges the diplomas of which sessions of 1884-85 have been presented to the ILLINOIS STATE BOARD OF HEALTH	42	7	3	2			54
— — — in the United States	38	7	3	2			50
— — — in Canada	4						4
Total number—sessions of 1884-85—accepted unconditionally (d)	31	5	2	1			39
— — — accepted conditionally (e)	11	2	1	1			15

* Miscellaneous "includes hygeo-therapeutic, botanic, etc., and mixed schools or those claiming the appellation *regular* but teaching either the homeopathic or eclectic, or both, systems of materia medica and therapeutics.

Summary of Institutions and Students—Continued.

I—INSTITUTIONS.		Regular.....	Homeopathic.....	Eclectic.....	Physio-Med.....	* Miscellaneous.....	Fraudulent.....	Totals.....
Total number of Colleges which now exact certain educational qualifications as a condition of matriculation (<i>f</i>)		85	13	10	1	1	.....	110
— — — which formerly exacted such qualifications (<i>f</i>)		41	4	.....	.....	.....	.....	45
Total number of Colleges requiring attendance on three or more courses of lectures as a condition of graduation (<i>f</i>)		34	2	.....	.....	.....	.....	36
— — — which formerly required such attendance (<i>f</i>)		21	1	.....	.....	.....	.....	22
Total number of Colleges which now recommend and provide for, but do not exact attendance on three or more courses (<i>f</i>)		36	5	4	.....	.....	.....	45
— — — which formerly made such provision and recommendation (<i>f</i>)		43	7	2	1	.....	.....	53
Total number of Colleges which now have chairs of hygiene (<i>f</i>)		73	10	7	.....	1	.....	91
— — — which formerly taught this branch (<i>f</i>)		32	7	3	.....	.....	.....	42
Total number of Colleges which now have chairs of medical jurisprudence (<i>f</i>)		76	9	10	1	1	.....	97
— — — which formerly taught this branch (<i>f</i>)		49	8	4	.....	.....	.....	61
Total number of Colleges which require a thesis as a condition of graduation.....		38	4	2	.....	.....	.....	46
Total number of Colleges for women only.....		6	1	.....	.....	.....	.....	7
— — — in the United States.....		4	1	.....	.....	.....	.....	5
— — — in Canada.....		2	.....	.....	.....	.....	.....	2
Total number of Colleges for both sexes.....		22	7	9	1	2	.....	41
Total number of Colleges for colored students only.....		3	.....	.....	.....	.....	.....	3
— — — for both white and colored students		1	.....	.....	.....	.....	.....	1

NOTES.—*a* "Total number of Institutions," includes five (5) examining and licensing bodies which do not give instruction; and four (4) schools which do not confer degrees.

b "Prior to the session of 1883-4," refers to the status of colleges before the adoption and publication of the Schedule of Minimum Requirements of the ILLINOIS STATE BOARD OF HEALTH.

c "Total number of Colleges" does not include those specified in Note 1.

d "Accepted unconditionally"—as having conformed to the Schedule of Minimum Requirements.

e "Accepted conditionally"—that is, after an examination of the applicant in the branches or subjects of the Schedule omitted by the college.

f "Now" and "formerly" have reference respectively to the periods before and since the enforcement of the Schedule of Minimum Requirements, namely, the close of the session of 1882-83.—See this Schedule ante, and the Requirements for Admission and other data pertaining to individual Colleges, for additional information.

Summary of Institutions and Students—Continued.

II. STUDENTS.					Regular...	Homeop...	Electic...	Phys. Med	Miscell...	Totals and percent-ages.
Total number of Matriculates—	sessions of 1881-82.....				10,737	1,162	946	60	.....	12,905
—	sessions of 1882-83.....				10,905	1,204	909	52	18	13,088
—	sessions of 1883-84.....				10,818	1,123	738	52	26	12,762
—	sessions of 1884-85.....				10,271	1,032	587	54	58	12,002
—	in the United States—1881-82.....				10,157	1,162	946	60	.....	12,325
—	— 1882-83.....				10,047	1,204	909	52	18	12,230
—	— 1883-84.....				10,092	1,105	738	52	26	12,013
—	— 1884-85.....				9,329	1,032	587	54	58	11,060
—	in Canada—1881-82.....				595	.....	.....	.....	.....	595
—	— 1882-83.....				856	.....	.....	.....	.....	856
—	— 1883-84.....				766	.....	.....	.....	.....	766
—	— 1884-85.....				942	.....	.....	.....	.....	942
Total number of graduates—	sessions of 1881-82.....				3,853	368	319	22	.....	4,562
—	sessions of 1882-83.....				3,447	437	274	23	11	4,192
—	sessions of 1883-84.....				3,449	398	227	17	13	4,104
—	sessions of 1884-85.....				3,252	337	200	22	20	3,831
—	in the United States—1881-82.....				3,772	368	319	22	.....	4,481
—	— 1882-83.....				3,283	437	274	23	11	4,028
—	— 1883-84.....				3,296	398	227	17	13	3,951
—	— 1884-85.....				3,094	337	200	22	20	3,673
—	in Canada—1881-82.....				81	.....	.....	.....	.....	81
—	— 1882-83.....				164	.....	.....	.....	.....	164
—	— 1883-84.....				153	.....	.....	.....	.....	153
—	— 1884-85.....				158	.....	.....	.....	.....	158
Percentages of Graduates to Matriculates—	1881-82.....				.....	.....	.....	.....	.....	33.5
—	— 1882-83.....				31.6	36.2	30.1	44.2	.....	32.0
—	— 1883-84.....				31.7	36.0	30.7	32.6	.....	32.1
—	— 1884-85.....				31.7	32.6	33.9	40.7	.....	31.9
—	in the United States—1881-82.....				31.6	.....	.....	.....	.....	31.6
—	— 1882-83.....				32.0	36.2	30.1	44.2	.....	32.9
—	— 1883-84.....				32.8	36.0	30.7	32.6	.....	33.0
—	— 1884-85.....				33.3	32.6	33.9	40.7	.....	33.2
—	in Canada—1881-82.....				14.6	.....	.....	.....	.....	14.6
—	— 1882-83.....				19.1	.....	.....	.....	.....	19.1
—	— 1883-84.....				19.9	.....	.....	.....	.....	19.9
—	— 1884-85.....				16.7	.....	.....	.....	.....	16.7
Highest percent. of Graduates, by States, in U. S.—	1881-82.....				.....	.....	.....	.....	.....	57.1
—	— 1882-83.....				44.4	43.5	58.3	46.1	.....	48.1
—	— 1883-84.....				50.0	48.6	43.6	33.3	.....	43.8
—	— 1884-85.....				42.3	44.1	58.3	50.0	.....	49.2
—	in Canada—1881-82.....				23.0	.....	.....	.....	.....	23.0
—	— 1882-83.....				19.1	.....	.....	.....	.....	19.1
—	— 1883-84.....				19.9	.....	.....	.....	.....	19.9
—	— 1884-85.....				16.7	.....	.....	.....	.....	16.7
Lowest percent. of Graduates, by States, in U. S.—	1881-82.....				.....	.....	.....	.....	.....	29.0
—	— 1882-83.....				12.5	26.8	28.4	33.3	.....	25.2
—	— 1883-84.....				14.0	21.4	23.0	6.2	.....	16.1
—	— 1884-85.....				16.2	17.6	18.8	35.3	.....	21.9
—	in Canada—1881-82.....				.....	.....	.....	.....	.....	.....
—	— 1882-83.....				19.1	.....	.....	.....	.....	19.1
—	— 1883-84.....				19.9	.....	.....	.....	.....	19.9
—	— 1884-85.....				16.7	.....	.....	.....	.....	16.7

Summary of Institutions and Students—Continued.

	Regular....	Homeop....	Eclectic....	Phys-Med	Miscell.....	Totals and percent-ages.
II. STUDENTS.						
Highest percent. of Graduates, by individual Colleges, in the United States—1881-82.....	59.0	65.0	58.0	40.0	.....	55.5
Highest percent. of Graduates, by individual Colleges, in the United States—1882-83.....	58.0	50.9	58.3	46.1	.....	52.8
Highest percent. of Graduates, by individual Colleges, in the United States—1883-84.....	65.8	48.7	43.6	33.3	.....	47.8
Highest percent. of Graduates, by individual Colleges, in the United States—1884-85.....	52.0	57.7	58.3	50.0	52.6	54.1
Highest percent. of Graduates, by individual Colleges, in Canada—1881-82.....	20.7	.....	.....	.....	.....	20.7
Highest percent. of Graduates, by individual Colleges, in Canada—1882-83.....	23.0	.....	.....	.....	.....	23.0
Highest percent. of Graduates, by individual Colleges, in Canada—1883-84.....	27.6	.....	.....	.....	.....	27.6
Highest percent. of Graduates, by individual Colleges, in Canada—1884-85.....	22.3	.....	.....	.....	.....	22.3
Lowest percent. of Graduates, by individual Colleges, in the United States—1881-82.....	9.6	20.0	33.0	33.3	.....	24.0
Lowest percent. of Graduates, by individual Colleges, in the United States—1882-83.....	5.2	27.0	28.2	33.3	.....	23.4
Lowest percent. of Graduates, by individual Colleges, in the United States—1883-84.....	13.6	18.1	19.7	32.2	.....	20.9
Lowest percent. of Graduates, by individual Colleges, in the United States—1884-85.....	10.5	17.6	15.0	35.3	52.6	26.2
Lowest percent. of Graduates, by individual Colleges, in Canada—1881-82.....	2.7	.....	.....	.....	.....	2.7
Lowest percent. of Graduates, by individual Colleges, in Canada—1882-83.....	6.6	.....	.....	.....	.....	6.6
Lowest percent. of Graduates, by individual Colleges, in Canada—1883-84.....	13.3	.....	.....	.....	.....	13.3
Lowest percent. of Graduates, by individual Colleges, in Canada—1884-85.....	3.1	.....	.....	.....	.....	3.1

DURATION OF LECTURE-TERMS.

Schools.	Sessions.	Weeks.																																					Total.....
		15	16	17	18	19	20	21	22	23	24	25	26	27	28	30	31	32	33	34	35	36	37	38	39														
Regular	1885-6	1	2	..	11	20	10	2	7	5	21	2	1	5	2	1	3	2	3	1	..	3	2	..	1	2	4	101									
	1884-5	1	3	1	..	1	9	25	4	7	5	5	21	1	3	2	3	..	1	3	1	3	6	100										
	1883-4	..	3	1	1	..	11	9	15	3	9	5	23	1	3	3	3	1	..	1	2	..	..	3	3	..	..	99							
	1882-3	..	2	2	..	2	9	21	8	6	9	1	21	1	..	3	2	1	1	4	1	1	..	1	2	..	..	98									
Homeopathic.....	1885-6	..	..	..	..	..	4	1	1	1	1	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	1	13
	1884-5	..	..	..	..	..	5	..	1	1	..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	13
	1883-4	..	..	..	..	..	3	3	2	1	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	13
	1882-3	..	..	..	..	2	..	3	2	2	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	11
Eclectic	1885-6	..	..	..	..	5	2	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10
	1884-5	..	..	1	..	3	2	1	..	1	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12
	1883-4	..	..	..	..	5	2	..	..	1	..	3	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	12
	1882-3	..	1	..	..	6	4	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13
Physio-Medical....	1885-6	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	1884-5	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2
	1883-4	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	2
	1882-3	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2

Duration of Lecture-Terms—Continued.

Schools.	Sessions.	Weeks.																																				Total.
		15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39												
Miscellaneous.	1885-6	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	1884-5	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	1883-4	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	1882-3	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Totals.	1885-6	1	..	2	..	17	27	11	3	9	6	25	4	1	5	3	1	..	3	2	..	1	2	5	127													
	1884-5	1	3	2	1	12	33	5	9	8	5	26	3	3	2	4	..	1	3	..	..	7	129													
	1883-4	..	3	1	1	19	15	19	4	12	5	27	2	3	3	2	1	..	2	2	..	3	4	128														
	1882-3	..	4	2	..	2	17	26	12	8	12	124	1	..	3	2	1	1	4	2	1	1	2	126														

		Weeks.																											
Average duration of lecture-terms, 1885-86		25+																											
Average duration of lecture-terms, 1884-85		24.3																											
Average duration of lecture-terms, 1883-84		24.5																											
Average duration of lecture-terms, 1882-83		23.5																											
Average duration of lecture-terms—regular—1885-86		25.5																											
Average duration of lecture-terms—regular—1884-85		24.4																											
Average duration of lecture-terms—regular—1883-84		24.9																											
Average duration of lecture-terms—regular—1882-83		24.4																											
Average duration of lecture-terms—homeopathic—1885-86		25.2																											
Average duration of lecture-terms—homeopathic—1884-85		25.2																											
Average duration of lecture-terms—homeopathic—1883-84		24.0																											
Average duration of lecture-terms—homeopathic—1882-83		23.7																											
Average duration of lecture-terms—eclectic—1885-86		22.0																											
Average duration of lecture-terms—eclectic—1884-85		22.5																											
Average duration of lecture-terms—eclectic—1883-84		22.5																											
Average duration of lecture-terms—eclectic—1882-83		20.9																											
Average duration of lecture-terms—physio-medical—1885-86		24.0																											
Average duration of lecture-terms—physio-medical—1884-85		23.5																											
Average duration of lecture-terms—physio-medical—1883-84		22.5																											
Average duration of lecture-terms—physio-medical—1882-83		22.5																											
Average duration of lecture-terms—miscellaneous—1885-86		20.5																											
Average duration of lecture-terms—miscellaneous—1884-85		19.5																											
Average duration of lecture-terms—miscellaneous—1883-84		22.0																											
Average duration of lecture-terms—miscellaneous—1882-83		19.0																											
Number of schools having terms of five months or over, 1885-86		108																											
Number of schools having terms of five months or over, 1884-85		108																											
Number of schools having terms of five months or over, 1883-84		104																											
Number of schools having terms of five months or over, 1882-83		101																											

THE following tables show the number of matriculates and of graduates, by schools of practice, in attendance at the medical colleges of each State and of the Dominion of Canada, during the last eight sessions—1877-78 to 1884-85, inclusive. The percentages of graduates to matriculates, by schools of practice, are also given. For the sessions of 1882-83, 1883-84 and 1884-85, these are so grouped, in the next table, as to afford a ready means of comparison.

I.—MATRICULATES AND GRADUATES IN EACH STATE, 1877-78 TO 1884-5, INCLUSIVE.

States.	Schools.....	Classes.....	SESSIONS.								Totals.....	Percent.....
			1877-8...	1878-9...	1879-80...	1880-1..	1881-2...	1882-3...	1883-4...	1884-5...		
Alabama	Reg...	Matr... Grad..	18	18	20	22	21	47 16	75 12	90 34	212 161	29.2
Arkansas.....	Reg...	Matr... Grad..	.....	.....	22 1	32 10	36 5	32 4	28 13	37 8	187 41	21.9
California	Reg...	Matr... Grad..	65 37	58 28	42 18	120 25	126 27	144 30	123 31	131 39	809 235	29+
	Hom...	Matr... Grad..	.....	.....	.....	.....	.....	.....	23 7	17 6	40 13	32.5
	Ecl... ..	Matr... Grad..	.....	.....	48 13	31 11	25 10	32 11	30 9	26 5	192 59	30.7
Canada.....	Reg...	Matr... Grad..	351 64	434 107	423 96	535 103	662 105	856 164	766 153	942 158	4,969 950	19.1
Colorado	Reg...	Matr... Grad..	.....	.....	.....	.....	15 5	21 5	30 5	37 6	103 21	20.3
Connecticut.....	Reg...	Matr... Grad..	58 10	60 16	32 12	26 10	21 2	32 7	43 7	27 6	299 70	23.4
Dist. Columbia...	Reg...	Matr... Grad..	119 19	123 27	141 31	168 23	173 31	193 45	202 43	215 51	1,334 273	20.4
Florida	Misc...	Matr... Grad..	.....	.....	.....	.....	.....	7 4	20 .....	.....	27 4	14.8
Georgia	Reg...	Matr... Grad..	136 42	125 34	165 51	198 69	261 116	230 76	285 112	254 103	1,654 603	36.4
	Ecl... ..	Matr... Grad..	.....	.....	.....	.....	81 24	67 18	62 17	69 13	279 72	25.8
Illinois	Reg...	Matr... Grad..	561 185	555 164	705 195	788 234	821 247	923 295	815 234	798 277	5,969 1,881	31.5
	Hom... ..	Matr... Grad..	272 119	307 98	291 107	282 125	392 146	422 174	293 152	369 115	2,728 1,036	37.9
	Ecl... ..	Matr... Grad..	139 65	106 29	123 37	127 51	113 38	147 52	159 50	143 37	1,057 389	33.9

I.—*Matriculates and Graduates—Continued.*

States.	Schools.....	Classes	SESSIONS.								Totals	Percent.....
			187-8...	1878-9...	1879-80...	1880-1...	1881-2...	1882-3...	1883-4...	1884-5...		
Indiana	Reg....	Matr... Grad..	37 21	179 80	219 77	286 106	251 95	227 101	145 72	118 50	1,492 602	40.3
	Ph-M.	Matr... Grad..	19 8	15 7	15 8	20 10	24 10	26 11	21 7	34 12	174 73	41.9
	Ecl....	Matr... Grad..	.....	.....	.....	37 12	19 11	24 7	31 10	35 16	146	38.4
Iowa.....	Reg....	Matr... Grad..	82 10	293 96	392 139	415 152	424 172	292 89	282 104	240 96	2,420 867	35.8
	Hom....	Matr... Grad..	18 1	32 3	47 9	60 16	46 15	44 12	35 12	33 10	315 78	24.7
	Ecl....	Matr... Grad..	.....	.....	.....	.....	25 7	38 8	65 16	54 15	182 46	25.2
Kentucky	Reg....	Matr... Grad..	413 158	433 169	601 232	513 223	513 241	672 231	680 246	516 219	4,374 1,724	39.3
Louisiana	Reg....	Matr... Grad..	.....	.....	.....	204 41	220 56	212 73	212 70	192 64	1,040 304	29.2
Maine.....	Reg....	Matr... Grad..	94 25	99 31	105 22	115 30	104 28	94 23	99 33	66 14	776 211	27.1
	Ecl....	Matr... Grad..	.....	.....	.....	.....	23 3	38 14	24 7	9 10	99 34	34.3
Maryland	Reg....	Matr... Grad..	165 65	211 89	336 110	328 143	392 175	392 129	638 220	675 248	3,137 1,170	37.2
Massachusetts...	Reg....	Matr... Grad..	227 47	253 70	263 45	275 60	282 88	263 84	287 65	294 65	2,144 524	24.4
	Hom....	Matr... Grad..	169 43	149 35	127 35	110 26	110 29	109 30	97 34	91 26	962 258	26.8
Michigan	Reg....	Matr... Grad..	296 98	329 104	468 118	380 127	500 121	479 158	474 137	456 120	3,382 983	29.4
	Hom....	Matr... Grad..	73 22	63 25	70 18	88 23	71 15	57 17	55 20	34 6	511 146	28.5
Minnesota.....	Reg....	Matr... Grad..	.....	.....	.....	.....	25 5	58 4	50 7	51 19	184 35	19.0

I.—Matriculates and Graduates—Continued.

States.	Schools.....	Classes.....	SESSIONS.								Totals	Percent.....
			1877-8...	1878-9...	1879-80...	1880-1...	1881-2...	1882-3...	1883-4...	1884-5...		
Missouri	Reg...	Matr.. Grad..	473 161	462 159	569 192	604 226	628 250	598 236	613 212	573 172	4,520 1,602	35.4
	Hom..	Matr.. Grad..	.....	.....	.....	.....	.....	41 11	39 19	32 9	112 39	34.8
	Ecl....	Matr.. Grad..	120 78	66 36	95 42	66 22	118 40	114 38	65 15	24 14	668 285	42.6
	Misc...	Matr.. Grad..	.....	.....	.....	.....	.....	18 11	19 9	38 20	75 40	53.3
Nebraska.....	Reg...	Matr.. Grad..	.....	.....	.....	.....	33 8	30 9	35 7	56 14	154 38	24.6
	Hom..	Matr.. Grad..	.....	.....	.....	.....	.....	.....	14 3	11 4	25 7	28.
	Ecl....	Matr.. Grad..	.....	.....	.....	.....	.....	.....	16 1	2 2	18 3	16.6
New Hampshire.	Reg...	Matr.. Grad..	88 23	80 26	78 29	91 43	76 28	80 40	40 18	52 13	585 220	37.6
New York	Reg...	Matr.. Grad..	1,732 539	1,933 601	2,142 629	2,209 642	2,197 792	2,146 646	1,990 550	1,826 593	16,175 5,022	31.+
	Hom..	Matr.. Grad..	152 38	152 40	157 40	199 59	187 46	187 55	178 61	165 53	1,377 392	28.4
	Ecl....	Matr.. Grad..	107 26	138 24	172 32	249 64	270 86	224 62	96 19	45 11	1,301 324	24.9
North Carolina..	Reg...	Matr..	.....	.....	.....	.....	11	11	12	17	51	.....
Ohio	Reg...	Matr.. Grad..	779 285	401 166	910 310	566 197	933 390	924 319	816 282	730 255	6,058 2,204	36.3
	Hom..	Matr.. Grad..	106 74	108 54	130 47	219 67	208 60	197 86	156 56	136 60	1,200 504	40.
	Ecl....	Matr.. Grad..	267 121	209 74	243 50	316 114	272 100	225 64	190 83	184 77	1,906 683	35.8
	Ph-M.	Matr.. Grad..	37 14	33 7	35 12	34 11	36 12	26 12	31 10	20 10	252 88	34.9
Oregon	Reg...	Matr.. Grad..	25 7	32 8	27 6	31 13	29 9	28 10	24 10	23 8	219 71	32.4

I.—*Matriculates and Graduates—Continued.*

States,	Schools.....	Classes	SESSIONS.								Totals	Percent
			187-8..	187-9..	187-80..	188-1...	188-2...	188-3..	188-4...	188-5...		
Pennsylvania....	Reg...	Matr.. Grad..	1,103 347	1,059 307	1,095 325	1,153 340	1,135 391	1,088 376	1,168 348	1,022 305	8,823 2,739	31. +
	Hom..	Matr.. Grad..	161 52	162 61	192 75	208 83	148 57	147 32	138 41	144 48	1,300 469	36. +
South Carolina..	Reg...	Matr.. Grad..	60 17	71 20	74 23	77 21	56 19	61 18	80 20	55 17	538 155	28.8
Tennessee	Reg...	Matr.. Grad..	143 3	154 8	460 201	169 67	589 298	504 211	444 186	461 169	2,924 1,143	39. +
Vermont	Reg...	Matr.. Grad..	108 33	140 49	143 53	171 50	190 85	151 36	230 100	191 78	1,324 484	36.5
Virginia	Reg...	Matr.. Grad..	..... 17	..... 21	..... 12	57 13	34 25	117 25	132 50	108 34	448 197	32.8
TOTALS	Reg...	Matr.. Grad..	7,118 2,240	7,484 2,389	9,445 2,950	9,511 2,995	10,737 3,846	10,905 3,470	10,818 3,439	10,267 3,252	76,285 24,581	32.2
	Hom..	Matr.. Grad..	951 349	973 316	1,014 331	1,166 399	1,162 368	1,204 437	1,128 405	1,032 337	8,630 2,942	34. +
	Ecl....	Matr.. Grad..	633 290	519 163	681 174	826 274	946 319	909 274	738 227	591 200	5,843 1,921	32.8
	Ph-M	Matr.. Grad..	56 22	48 14	50 20	54 21	60 22	52 23	52 17	54 22	426 161	37.7
	Misc...	Matr.. Grad..	..... .....	..... .....	..... .....	..... .....	..... .....	18 11	26 13	58 20	102 44	43.1
GRAND TOTALS..	Matriculates..	Graduates....	8,758 2,901	9,024 2,882	11,190 3,475	11,557 3,689	12,905 4,555	13,088 4,215	12,762 4,101	12,002 3,831	91,286 29,649	32.3

II.—MATRICULATES AND GRADUATES*—SESSIONS OF 1884-85, 1883-84 AND 1882-83, COMPARED.

States.	Sessions	Students.	Regular.	Homeo.	Ecclectic.	Ph-Med.	Totals and percent.
United States	1884-85	Matriculates ...	9,325	1,032	591	54	11,060
		Graduates	3,694	337	200	22	3,673
		Percent	33.1	32.6	33.9	40.7	33.2
	1883-84	Matriculates.....	10,052	1,128	738	52	11,996
		Graduates	3,286	405	227	17	3,949
		Percent	32.7	35.9	30.7	32.6	32.8
	1882-83	Matriculates.....	10,049	1,204	909	52	12,232
		Graduates	3,206	437	274	23	4,051
		Percent	32.9	36.2	30.1	44.2	33+
Canada	1884-85	Matriculates.....	942	.....	.....	.....	942
		Graduates	158	.....	.....	.....	158
		Percent	16.7	.....	.....	.....	16.7
	1883-84	Matriculates.....	766	.....	.....	.....	766
		Graduates	153	.....	.....	.....	153
		Percent	19.9	.....	.....	.....	19.9
	1882-83	Matriculates.....	856	.....	.....	.....	856
		Graduates	164	.....	.....	.....	164
		Percent	19.1	.....	.....	.....	19.1
Totals both countries	1884-85	Matriculates.....	10,267	1,032	593	54	12,002
		Graduates	3,252	337	200	22	3,831
		Percent	31.6	32.6	33.9	40.7	31.9
	1883-84	Matriculates.....	10,818	1,128	738	52	12,732
		Graduates	3,439	405	227	17	4,101
		Percent	31.8	35.9	30.7	32.6	32+
	1882-83	Matriculates.....	10,905	1,204	909	52	13,088
		Graduates	3,470	437	274	23	4,215
		Percent	31.8	36.2	30.1	44.2	32.1

*See foot note page 492.

Alabama	1884-85	Matriculates.....	90	.....	.....	.....	90
		Graduates	34	.....	.....	.....	34
		Percent	37.7	.....	.....	.....	37.7
	1883-84	Matriculates.....	75	.....	.....	.....	75
		Graduates	12	.....	.....	.....	12
		Percent	16.0	.....	.....	.....	16.0
	1882-83	Matriculates.....	47	.....	.....	.....	47
		Graduates	16	.....	.....	.....	16
		Percent	34+	.....	.....	.....	34+
Arkansas	1884-85	Matriculates.....	37	.....	.....	.....	37
		Graduates	8	.....	.....	.....	8
		Percent	21.6	.....	.....	.....	21.6
	1883-84	Matriculates.....	23	.....	.....	.....	23
		Graduates	13	.....	.....	.....	13
		Percent	46.4	.....	.....	.....	46.4

II.—*Matriculates and Graduates—Continued.*

States.	Sessions	Students.	Regular..	Homeo...	Eclectic..	Ph-Med..	Totals and Percent.
Arkansas— <i>Cont.</i>	1882-83	Matriculates.....	32	.....	.....	.....	32
		Graduates.....	4	.....	.....	.....	4
		Percent	12.5	.....	.....	.....	12.5
California	1881-85	Matriculates.....	131	17	26	.....	174
		Graduates	39	6	5	.....	50
		Percent	29.7	35.3	19.2	.....	38.7
	1883-84	Matriculates.....	123	23	30	.....	176
		Graduates	31	7	9	.....	47
		Percent.....	25.2	30.4	30.0	.....	26.7
	1882-83	Matriculates.....	146	.....	32	.....	178
		Graduates	30	.....	11	.....	41
		Percent.....	20.5	.....	34.3	.....	23+
	1884-85	Matriculates.....	37	.....	.....	.....	37
		Graduates	6	.....	.....	.....	6
		Percent	16.2	.....	.....	.....	16.2
Colorado	1883-84	Matriculates.....	30	.....	.....	.....	30
		Graduates	5	.....	.....	.....	5
		Percent	16.6	.....	.....	.....	16.6
Connecticut	1882-83	Matriculates.....	21	.....	.....	.....	21
		Graduates	5	.....	.....	.....	5
		Percent	23.8	.....	.....	.....	23.8
	1884-85	Matriculates.....	27	.....	.....	.....	27
		Graduates	6	.....	.....	.....	6
		Percent	22.2	.....	.....	.....	22.2
	1883-84	Matriculates.	43	.....	.....	.....	43
		Graduates	7	.....	.....	.....	7
		Percent	16.2	.....	.....	.....	16.2
	1882-83	Matriculates.....	32	.....	.....	.....	32
		Graduates	7	.....	.....	.....	7
		Percent	21.8	.....	.....	.....	21.8
District of Columbia	1884-85	Matriculates.....	215	.....	.....	.....	215
		Graduates	51	.....	.....	.....	51
		Percent	23.7	.....	.....	.....	23.7
	1883-84	Matriculates.....	202	.....	.....	.....	202
		Graduates	43	.....	.....	.....	43
		Percent	21.2	.....	.....	.....	21.2
Florida	1882-83	Matriculates.....	193	.....	.....	.....	193
		Graduates	45	.....	.....	.....	45
		Percent	23.3	.....	.....	.....	23.3
Florida	1884-85	Matriculates.....	20	.....	.....	.....	20
		Graduates .....	.....	.....	.....	.....	.....
		Percent .....	.....	.....	.....	.....	.....

II.—*Matriculates and Graduates*—Continued.

States.	Sessions	Students.	Regular.	Homeo...	Eclectic.	Ph-Med.	Totals and percent.
Florida— <i>Cont.</i>	1883-84	Matriculates.....	.....	.....	.....	.....	7
		Graduates.....	.....	.....	.....	.....	4
		Percent.....	.....	.....	.....	.....	57.1
Georgia.....	1884-85	Matriculates.....	254	.....	69	.....	323
		Graduates.....	103	.....	13	.....	116
		Percent.....	40.5	.....	18.8	.....	35.9
	1883-84	Matriculates.....	285	.....	62	.....	347
		Graduates.....	112	.....	17	.....	129
		Percent.....	39.9	.....	27.4	.....	34.2
	1882-83	Matriculates.....	230	.....	67	.....	297
		Graduates.....	76	.....	18	.....	94
		Percent.....	33+	.....	27-	.....	31.6
Illinois.....	1884-85	Matriculates.....	798	369	143	.....	1,310
		Graduates.....	277	115	37	.....	429
		Percent.....	34.7	31.1	25.8	.....	32.7
	1883-84	Matriculates.....	815	393	159	.....	1,367
		Graduates.....	284	152	50	.....	486
		Percent.....	34.8	38.6	31.4	.....	35.5
	1882-83	Matriculates.....	923	422	147	.....	1,492
		Graduates.....	295	174	52	.....	521
		Percent.....	31.9	41.2	35.3	.....	34.8
Indiana.....	1884-85	Matriculates.....	118	.....	35	34	187
		Graduates.....	50	.....	16	12	78
		Percent.....	42.3	.....	45.7	35.3	41.7
	1883-84	Matriculates.....	145	.....	31	21	197
		Graduates.....	72	.....	10	7	89
		Percent.....	50-	.....	32.2	33.3	45.1
	1882-83	Matriculates.....	227	.....	24	26	277
		Graduates.....	101	.....	7	11	119
		Percent.....	44.4	.....	29.1	42.3	32.8
Iowa.....	1884-85	Matriculates.....	240	33	54	.....	327
		Graduates.....	96	10	15	.....	121
		Percent.....	40	30.3	27.7	.....	37.0
	1883-84	Matriculates.....	282	35	65	.....	382
		Graduates.....	104	12	16	.....	132
		Percent.....	36.8	34.2	24.6	.....	34.5
	1882-83	Matriculates.....	292	44	38	.....	374
		Graduates.....	89	12	8	.....	109
		Percent.....	30.4	27.2	42.1	.....	32.6
Kentucky....	1884-85	Matriculates.....	546	.....	.....	.....	546
		Graduates.....	219	.....	.....	.....	219
		Percent.....	40.1	.....	.....	.....	40.1

II.—*Matriculates and Graduates—Continued.*

States.	Sessions	Students.	Regular.	Homeo.	Eclectic.	Ph-Med.	Totals and Percent.
Kentucky— <i>Cont.</i>	1883-84	Matriculates.....	680	.....	.....	.....	680
		Graduates.....	246	.....	.....	.....	246
		Percent.....	36.1	.....	.....	.....	36.1
	1882-83	Matriculates.....	672	.....	.....	.....	672
		Graduates.....	231	.....	.....	.....	231
		Percent.....	34.3	.....	.....	.....	34.3
Louisiana	1884-85	Matriculates.....	173	.....	.....	.....	173
		Graduates.....	64	.....	.....	.....	64
		Percent.....	37.0	.....	.....	.....	37.0
	1883-84	Matriculates.....	212	.....	.....	.....	212
		Graduates.....	70	.....	.....	.....	70
		Percent.....	33.0	.....	.....	.....	33.0
Maine.	1882-83	Matriculates.....	212	.....	.....	.....	212
		Graduates.....	73	.....	.....	.....	73
		Percent.....	34.4	.....	.....	.....	34.4
	1884-85	Matriculates.....	66	.....	5	.....	71
		Graduates.....	14	.....	10	.....	24
		Percent.....	21.2	.....	20.0	.....	35.8
Maryland	1883-84	Matriculates.....	99	.....	24	.....	123
		Graduates.....	53	.....	7	.....	40
		Percent.....	33.3	.....	29.1	.....	32.5
	1882-83	Matriculates.....	94	.....	38	.....	132
		Graduates.....	28	.....	14	.....	42
		Percent.....	29.7	.....	36.8	.....	31.9
Massachusetts	1884-85	Matriculates.....	675	.....	.....	.....	675
		Graduates.....	248	.....	.....	.....	248
		Percent.....	36.7	.....	.....	.....	36.7
	1883-84	Matriculates.....	638	.....	.....	.....	638
		Graduates.....	220	.....	.....	.....	220
		Percent.....	34.4	.....	.....	.....	34.4
.....	1882-83	Matriculates.....	392	.....	.....	.....	392
		Graduates.....	129	.....	.....	.....	129
		Percent.....	32.8	.....	.....	.....	32.8
.....	1884-85	Matriculates.....	294	91	.....	.....	385
		Graduates.....	65	26	.....	.....	91
		Percent.....	22.1	28.5	.....	.....	23.6
	1883-84	Matriculates.....	287	97	.....	.....	384
		Graduates.....	65	34	.....	.....	99
		Percent.....	22.6	35.0	.....	.....	25.7
.....	1882-83	Matriculates.....	263	109	.....	.....	372
		Graduates.....	84	30	.....	.....	114
		Percent.....	31.9	27.5	.....	.....	30.6

II.—*Matriculates and Graduates*—Continued.

States.	Sessions	Students.	Regular.	Homeo..	Eclectic..	Ph-Med..	Totals and percent..
Michigan	1884-85	Matriculates	456	34	.....	.....	450
		Graduates	120	6	.....	.....	126
		Percent	26+	17.6	.....	.....	25.7
	1883-84	Matriculates	474	55	.....	.....	529
		Graduates	137	20	.....	.....	157
		Percent	28.9	36.3	.....	.....	29.6
Minnesota	1882-83	Matriculates	479	57	.....	.....	536
		Graduates	158	17	.....	.....	175
		Percent	32.9	29.8	.....	.....	31.5
	1881-85	Matriculates	51	.....	.....	.....	51
		Graduates	19	.....	.....	.....	19
		Percent	37.2	.....	.....	.....	37.2
Missouri	1883-84	Matriculates	50	.....	.....	.....	50
		Graduates	7	.....	.....	.....	7
		Percent	14.0	.....	.....	.....	14.0
	1882-83	Matriculates	58	.....	.....	.....	58
		Graduates	4	.....	.....	.....	4
		Percent	6.9	.....	.....	.....	6.9
Missouri	1884-85	Matriculates	573	32	24	.....	629
		Graduates	172	9	14	.....	195
		Percent	30	28.1	58.3	.....	31.0
	1883-84	Matriculates	613	39	65	.....	717
		Graduates	212	19	15	.....	246
		Percent	34.5	48.6	23+	.....	34.3
Nebraska	1882-83	Matriculates	598	41	114	.....	753
		Graduates	230	11	38	.....	279
		Percent	38.4	26.8	33.3	.....	37.0
	1884-85	Matriculates	56	11	2	.....	69
		Graduates	14	4	2	.....	20
		Percent	25.	36.3	100.	.....	28.9
New Hampshire	1883-84	Matriculates	35	14	16	.....	65
		Graduates	7	3	1	.....	11
		Percent	20.0	21.4	6.2	.....	16.9
	1882-83	Matriculates	30	.....	.....	.....	30
		Graduates	9	.....	.....	.....	9
		Percent	30.0	.....	.....	.....	30.0
New Hampshire	1884-85	Matriculates	52	.....	.....	.....	52
		Graduates	13	.....	.....	.....	13
		Percent	25.0	.....	.....	.....	25.
	1883-84	Matriculates	40	.....	.....	.....	40
		Graduates	18	.....	.....	.....	18
		Percent	45.0	.....	.....	.....	45.0

II.—*Matriculates and Graduates—Continued.*

States.	Sessions	Students.	Regular.	Homeo...	Ecclectic.	Ph-Med.	Totals and Percent.
New Hampshire— <i>Cont.</i>	1882-83	Matriculates	80	.....	.....	.....	80
		Graduates	40	.....	.....	.....	40
		Percent	50.0	.....	.....	.....	50.0
New York	1884-85	Matriculates	1,826	165	45	.....	2,036
		Graduates	593	53	11	.....	657
		Percent	32.4	32.1	24.4	.....	32.2
	1883-84	Matriculates	1,990	178	96	.....	2,264
		Graduates	580	61	19	.....	660
		Percent	29.1	34.2	19.7	.....	29.1
	1882-83	Matriculates	2,146	187	224	.....	2,557
		Graduates	646	55	62	.....	763
		Percent	30.1	29.4	27.7	.....	29.8
North Carolina	1884-85	Matriculates	17	.....	.....	.....	17
	1883-84	Matriculates	12	.....	.....	.....	12
	1882-83	Matriculates	11	.....	.....	.....	11
Ohio	1884-85	Matriculates	729	136	184	20	1,069
		Graduates	255	60	77	10	402
		Percent	34.9	34.1	41.8	50.0	37.6
	1883-84	Matriculates	816	156	190	31	1,193
		Graduates	282	56	83	10	431
		Percent	34.5	35.8	43.6	32.2	36.1
Oregon	1884-85	Matriculates	23	.....	.....	.....	23
		Graduates	8	.....	.....	.....	8
		Percent	34.7	.....	.....	.....	34.7
	1883-84	Matriculates	24	.....	.....	.....	24
		Graduates	10	.....	.....	.....	10
		Percent	41.6	.....	.....	.....	41.6
	1882-83	Matriculates	28	.....	.....	.....	28
		Graduates	10	.....	.....	.....	10
		Percent	35.7	.....	.....	.....	35.8
Pennsylvania	1884-85	Matriculates	1,022	104	.....	.....	1,166
		Graduates	305	48	.....	.....	353
		Percent	29.8	33.3	.....	.....	30.1
	1883-84	Matriculates	1,168	158	.....	.....	1,306
		Graduates	348	41	.....	.....	389
		Percent	29.7	29.7	.....	.....	29.7

II.—*Matriculates and Graduates—Continued.*

States.	Sessions	Students.	Regular.	Homeo...	Eclectic.	Ph-Med.	Totals and percent.
Pennsylvania— <i>Cont.</i>	1882-83	Matriculates	1,088	147	.....	.....	1,235
		Graduates	376	52	.....	.....	428
		Percent	34.5	45.3	.....	.....	34.6
South Carolina.....	1884-85	Matriculates	59	.....	.....	.....	59
		Graduates	17	.....	.....	.....	17
		Percent	28.8	.....	.....	.....	28.8
	1883-84	Matriculates	80	.....	.....	.....	80
		Graduates	20	.....	.....	.....	20
		Percent	25.0	.....	.....	.....	25.0
	1882-83	Matriculates	61	.....	.....	.....	61
		Graduates	18	.....	.....	.....	18
		Percent	29.5	.....	.....	.....	29.5
Tennessee.....	1884-85	Matriculates	461	.....	.....	.....	461
		Graduates	169	.....	.....	.....	169
		Percent	36.6	.....	.....	.....	36.6
	1883-84	Matriculates	444	.....	.....	.....	444
		Graduates	186	.....	.....	.....	186
		Percent	41.8	.....	.....	.....	41.8
Vermont.....	1882-83	Matriculates	504	.....	.....	.....	504
		Graduates	211	.....	.....	.....	211
		Percent	41.8	.....	.....	.....	41.8
	1884-85	Matriculates	191	.....	.....	.....	191
		Graduates	78	.....	.....	.....	78
		Percent	40.8	.....	.....	.....	40.8
	1883-84	Matriculates	230	.....	.....	.....	230
		Graduates	100	.....	.....	.....	100
		Percent	43.4	.....	.....	.....	43.4
Virginia	1882-83	Matriculates	151	.....	.....	.....	151
		Graduates	36	.....	.....	.....	36
		Percent	23.8	.....	.....	.....	23.8
	1884-85	Matriculates	108	.....	.....	.....	108
		Graduates	34	.....	.....	.....	34
		Percent	31.4	.....	.....	.....	31.4
	1883-84	Matriculates	132	.....	.....	.....	132
		Graduates	50	.....	.....	.....	50
		Percent	37.9	.....	.....	.....	37.8
Virginia	1882-83	Matriculates	117	.....	.....	.....	117
		Graduates	25	.....	.....	.....	25
		Percent	21.3	.....	.....	.....	21.3

NOTE.—The "totals" for the sessions of 1883-84 include 26 matriculates and 13 graduates of miscellaneous or mixed schools. The "totals" for 1882-83 include 18 matriculates and 11 graduates of miscellaneous or mixed schools. The "totals" for 1884-85 include 58 matriculates and 20 graduates of miscellaneous or mixed schools.

MEDICAL COLLEGES

OF THE

UNITED STATES AND CANADA—1765-1885.

EMBRACING the Titles: Locations: Addresses of Corresponding Officers: Organizations: Curricula of Study: Requirements for Admission and for Graduation: Fees: Number of Matriculates and of Graduates—of all Existing Medical Schools in the United States and Canada.

The Titles: Locations: Dates of Organization: Periods of Existence and Historical Data—of all Extinct Medical Schools in the United States and Canada.

Arranged Alphabetically as to States, and Chronologically as to Dates of Organization.

ALABAMA.

MEDICAL COLLEGE OF ALABAMA.

MOBILE, Ala. W. H. SANDERS, M. D., Secretary, 12 St. Joseph street.

ORGANIZED in 1859. Closed during the war and re-opened in 1868. There were no graduates during the years 1862-68, inclusive.

The faculty embraces eight professors, one assistant to the professor of obstetrics and diseases of women, three lecturers, one demonstrator and one assistant demonstrator.

COURSE OF INSTRUCTION: The regular course of lectures for the session of 1885-86 commenced November 16, 1885, and continues until the 25th of March, 1886. A preliminary course began October 19, 1885. Attendance on three annual lecture terms is recommended; provision for such graded course is made, and without cost as to lecture tickets for the third term.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and diseases of women and children, ophthalmology and otology, histology, hygiene, medical jurisprudence, clinical and genito-urinary surgery, and practical pharmacy. Weekly quizzes on anatomy and chemistry. Clinics at hospital and infirmary, and of out-door patients at the college.

REQUIREMENTS: For admission, none.

For graduation: 1) age, twenty-one years; 2) good moral character; 3) three years' study; 4) attendance on two full courses of lectures; 5) pass before the members of the faculty a satisfactory examination; 6) certificates of at least one course of practical anatomy or dissections.

FEES: Matriculation (once), \$5.00. Lectures, including hospital, \$75.00. Dissecting \$10.00. Graduation, \$25.00.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	—	18	—
1878-79	—	20	—
1879-80	—	20	—
1880-81	—	22	—
1881-82	—	21	—
1882-83	—	16	—
1883-84	75	12	16
1884-85	90	34	37.7

Percentage of graduates to matriculates for the sessions reported, *twenty-eight*.

There were also in attendance at the session of 1883-84 4 post-graduates, who are not included in the number of matriculates above given.

REMARKS: The announcement for 1884-85 contains a complete list of the alumni of the college, numbering 364.

SOUTHERN UNIVERSITY, MEDICAL DEPARTMENT. GREENSBORO, ALA.

ORGANIZED in 1872. Extinct. Last session closed in 1880.

ARKANSAS.

ARKANSAS INDUSTRIAL UNIVERSITY, MEDICAL DEPARTMENT.

LITTLE ROCK, Ark. R. G. JENNINGS, M. D., Secretary of the Faculty.

ORGANIZED in 1879. First class graduated in 1880. Classes have graduated each subsequent year.

The faculty embraces fourteen professors and lecturers, and a demonstrator.

COURSE OF INSTRUCTION: Lectures begin the first Wednesday in October, and continue twenty weeks. Five lectures will be delivered daily during the six days of the week. "A voluntary graded course of three years has been established from the organization of this college,"—but "students who prefer to continue their studies on the repetitional system can do so."

Lectures embrace practice of medicine, institutes and practice of surgery, obstetrics, diseases of women and children, general, descriptive and surgical anatomy, materia medica, therapeutics, hygiene, botany, institutes of medicine, clinical surgery, dermatology, medical chemistry, toxicology, ophthalmology, otology, diseases of the genito-urinary organs, physical diagnosis and clinical medicine, gynecology, meteorology and climatology.

REQUIREMENTS: For admission, "Applicants must be eighteen years of age and present a creditable certificate of good moral character; a diploma of graduation from a good literary and scientific college or high school; a first-class grade teacher's certificate, or lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy."

For graduation: 1) satisfactory evidence of good moral character; 2) age, twenty-one years; 3) a satisfactory certificate of having pursued the study of medicine for at least three years under a regular graduate or licentiate and practitioner in good standing; 4) attendance on two full courses of lectures, with thorough dissection of the whole body; 5) satisfactory examination; 6) thesis on some medical subject or a full report of any of the clinics. Two years and nine months are accepted in lieu of three years' study, if the three years will expire not later than three months after graduation.

FEES: Matriculation (paid once only), \$5.00. Lectures, \$50.00. Demonstrator, \$5.00. Hospital, \$3.00. Graduation, \$25.00.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	22	1	4.6
880-81	32	10	31+
	36	5	14—
882-83	32	4	12.5
1883-84	28	13	46.4
1884-85	37	8	21.6

Average percentage of graduates to matriculates during the six years, *twenty-two*,

CALIFORNIA.

COOPER MEDICAL COLLEGE.

SAN FRANCISCO, Cal. HENRY GIBBONS, Jr., M. D., Dean, 920 Polk st.

ORGANIZED in 1859 as the Medical Department of the University of the Pacific. Ceased to exist in 1864, but was revived 1870, under the same name. In 1872 it became the Medical Department of the University College of San Francisco, and was given the specific designation of the Medical College of the Pacific. In 1882 the institution received its present name.—The first class was graduated in 1860. No classes were graduated in the years 1865-69; inclusive. A class was graduated in 1870 and in each subsequent year.

Faculty embraces twelve chairs, two adjuncts, a demonstrator of anatomy, and a demonstrator of pathology.

COURSE OF INSTRUCTION: Three annual summer courses and one intermediate course are required to complete the curriculum. The regular course begins June 1, and ends November 1; the intermediate course begins January 12, and ends May 12.—During the first year the student attends all didactic lectures, but gives special attention to descriptive anatomy, physiology, chemistry, surgery, microscopy and practice of medicine and is examined in these branches at the end of the term. In the second year all lectures and clinics must be attended, and examination in all branches are held at the close, those in descriptive anatomy, physiology and chemistry being final. All lectures and clinics must be attended during the third year, except lectures on chemistry and physiology, if examination in these has been successfully passed. Final examinations, written and oral, in the third year.

The principal branches taught are principles and practice of medicine; clinical medicine and diagnosis; surgery, surgical anatomy, clinical and operative surgery; descriptive and practical anatomy; microscopy and histology; pathology with practical illustrations; obstetrics, diseases of women and children; gynecology; theoretical and practical physiology; ophthalmology, otology didactic and clinical; chemistry; toxicology; materia medica and therapeutics; hygiene; insanity; medical jurisprudence; physical diagnosis; laryngoscopy.

REQUIREMENTS: For admission, eighteen years of age, an examination in English composition, physics, arithmetic and Latin rudiments (declension of nouns and grammar) Graduates of literary, scientific, medical, or pharmaceutical colleges or universities, in good standing, graduates of high schools, and applicants who have passed the examination for admission to any recognized literary college or university, or who hold first-grade certificates from any public school board, as properly qualified teachers, on producing proper evidence of the same, are admitted to matriculation without examination.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) three regular courses of lectures; and the intermediate course preceding the students last year; 4) two courses of clinical instruction; 5) one course of practical anatomy, dissecting the entire subject; 6) satisfactory thesis; 7) successful passing of all examinations.

FEES: Matriculation, \$5; lectures (three courses), \$260; demonstrator, \$10; graduation, \$40. A charge of \$25 is made for each intermediate course, which amount is credited upon the succeeding regular course fees.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878	65	26	40
1879	58	15	26—
1880	42	7	17—
1881	59	9	15+
1882	67	12	18
1883	83	19	22.9
1884	80	16	20
1885	83	19	22.7

Average percentage of graduates to matriculates during the eight years, twenty-three.

REMARKS: "While the adoption of a three years' course is a direct pecuniary disadvantage to the college, it is nevertheless a great satisfaction to have accomplished this result, as it has been the constant desire of the faculty to raise the standard of medical education, and to graduate capable rather than many students."

UNIVERSITY OF CALIFORNIA, MEDICAL DEPARTMENT.

Toland Medical College.

SAN FRANCISCO, Cal. ROBERT A. McLEAN, M. D., Dean, 603 Merchant street.

ORGANIZED in 1863 as the Toland Medical College. Became connected with the University of California in 1872.

The faculty embraces thirteen professors, one adjunct, four assistants, one curator, and the dispensary staff.

COURSE OF INSTRUCTION: One annual term of nine months. The session begins February 1, and ends October 31. The course is graded and extends over three years. Students are expected to attend clinics regularly. Examinations are held daily and at the beginning of each session, to determine the progress of the student, his advancement depending on the result of such examination. These examinations are not final, as the examination for graduation includes all the subjects of the three-years' course.

Studies: First year—descriptive anatomy, medical chemistry, physiology and materia medica. Second year—Theory and practice of medicine, theory and practice of surgery, obstetrics, general and surgical anatomy, medical chemistry, physiology, therapeutics and pathology. Third year—Clinical medicine, clinical surgery, obstetrics, diseases of women, diseases of children, diseases of eye and ear, medical jurisprudence, hygiene and mental diseases.

REQUIREMENTS: For admission, an examination in English composition, arithmetic, geography and elementary chemistry. In 1866, and every year thereafter, this examination will also embrace algebra, physics and botany.

For graduation: 1) twenty-on years of age; 2) good moral character; 3) three full years' study; 4) three regular courses of lectures; 5) successful passage on all subjects by written and oral examination; 6) practical anatomy during two sessions; 7) thesis.

FEES: Matriculation, \$5; demonstrator, \$10; first and second courses of lectures, \$130 each; third course, free; graduation, \$40.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878	—	11	—
1879	—	13	—
1880	—	11	—
1881	61	16	26+
1882	59	15	25+
1883	61	11	18+
1884	43	15	34.8
1885	56	12	21.4

Average percentage of graduates to matriculates during the last five years, *twenty-four*.

CALIFORNIA MEDICAL COLLEGE (*Eclectic*).

OAKLAND, Cal. D. MACLEAN, M. D., Dean, 405 Powell street.

ORGANIZED in 1879. The first class was graduated in 1880.

The faculty embraces nine professors and a demonstrator.

COURSE OF INSTRUCTION: One intermediate and one regular term annually. The regular or winter term commences on the first Monday in November (annually), and continues six months. The intermediate or summer term commences on the first Monday in June (annually), and continues twelve weeks. Three-years' graded course is recommended, but not required.

Lectures embrace principles and practice of medicine, obstetrics, surgery, anatomy, surgical anatomy, physiology, materia medica, chemistry, clinical and operative surgery, clinical medicine, therapeutics, pathology, gynecology, medical jurisprudence, clinical midwifery, diseases of children, clinical diseases of women, clinical diseases of children, mental diseases, hygiene, ophthalmology, otology, clinical diseases of the eye and ear, toxicology, physical diagnosis, laryngoscopy, diseases of the heart and lungs, and nervous diseases. Clinics at hospital and dispensary.

REQUIREMENTS: For admission, 1) certificate of good moral standing; 2) diploma from a high school, college or university, or a thorough examination in the branches of a good English education, including mathematics, composition and elementary natural philosophy.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) "such education as shall give him proper standing with the public and profession;" 4) three regular courses of two intermediate and two regular courses; 5) practical anatomy at least two sessions; 6) "satisfactory examination upon the essential points in the general practice of medicine;" 7) thesis.

FEES: Matriculation, \$5; lectures, \$120; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	48	13	27+
1880-81	31	11	35.5
1881-82	25	10	40
1882-83	32	11	34.4
1883-84	30	9	30
1884-85	26	5	19.2

Average percentage of graduates to matriculates during the six years, *thirty-one*.

HAHNEMANN MEDICAL COLLEGE OF SAN FRANCISCO (*Homeopathic*).

SAN FRANCISCO, Cal. C. B. CURRIER, M. D., Dean, 921 Geary street.

ORGANIZED In 1834. Faculty embraces sixteen professors, one adjunct, one demonstrator of anatomy, and one demonstrator of obstetrics.

COURSE OF INSTRUCTION: Graded, extending over three years. Term begins first Tuesday in June and continues five months; an intermediate term begins in February and continues six weeks.

Lectures embrace, first year, anatomy, chemistry, pharmacy, and materia medica, physiology, histology and minor surgery; second year, the same studies as the first, with the addition of theory and practice of medicine, diseases of the throat and chest, obstetrics and surgery; third year, same as second, with the exception of those of the first year, and also ophthalmology and otology, gynecology, dermatology and venereal diseases, mental and nervous diseases, and diseases of children.

REQUIREMENTS: For admission, applicants "will be required to pass a satisfactory preliminary examination, or present documentary evidence of such qualification."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three full courses of lectures; 4) certificate of having dissected every region; 5) satisfactory examination in each department.

FEES: Matriculation (once) \$5; lectures (three courses) \$250; demonstrator, \$10; graduation, \$40.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1884	23	7	30.4
1885	17	6	35.3

Average percentage of graduates to matriculates, *thirty-two*.

UNIVERSITY OF SOUTHERN CALIFORNIA COLLEGE OF MEDICINE.

LOS ANGELES, Cal. J. P. WIDNEY, A. M., M. D., Dean of the Faculty.

ORGANIZED, November, 1884. The faculty embraces eighteen professors.

COURSE OF INSTRUCTION: Graded, extending over three years. Term commences the second Wednesday of October, and continues till the third Wednesday of April. An intermediate term commences about the 1st of May, and ends about the 1st of July. Attendance upon the intermediate term is not obligatory, except for the last year.

Lectures embrace principles and practice of medicine, clinical medicine, principles and practice of surgery, clinical surgery, anatomy, surgical anatomy, histology and microscopy, materia medica and therapeutics, obstetrics, gynecology, physiology, chemistry and toxicology, pathology and diseases of the genito urinary organs, diseases of the mind and nervous system, diseases of children, hygiene and diseases of the skin, ophthalmology and otology, and medical jurisprudence.

REQUIREMENTS: For admission, the student must pass a matriculating examination, unless he is a graduate of some university, college, high school, academy, or normal school, or holds a first grade teacher's certificate for the public schools. The examination will cover English composition, and other ordinary English branches as taught in the public schools. An acquaintance with the rudiments of Latin will be required. If the applicant has never studied Latin, he will be allowed to make this up after commencing his medical studies.

For graduation: 1) twenty-one years of age and good moral character; 2) must have studied medicine three full years and attended three regular courses of medical lectures, the last of which must have been in this college, and he must have also attended the intermediate course of his last year; 3) must pass satisfactory examination, must have dissected the entire cadaver, done the necessary amount of laboratory and chemical work, and submit a satisfactory thesis.

FEES: Matriculation, \$5; lectures (three courses), \$260; demonstrator, \$10; graduation, \$40.

CANADA.

PRACTITIONERS of medicine in Canada must be registered, and the requirements demanded vary in different provinces. The possession of the degree of Doctor of Medicine, granted by a recognized university, entitles its holder to registration in all the provinces, except Ontario. The curriculum of studies required of a university, in order that its degrees may be registered, is set forth in the following sections of the Quebec Medical Act, and are applicable, with slight changes, to all the provinces:

§ 8. From and after the passage of this act, no person shall be admitted as a student of medicine, surgery or midwifery, unless he shall have obtained a certificate of qualification from the said Provincial Medical Board. And no one shall be entitled to the license of the college, on presentation of a diploma, unless he shall have been previously admitted to the study of medicine, in accordance with the provisions of this act, or unless he shall have passed an equivalent preliminary examination before a college, school or board, authorized by law to require and cause such preliminary examinations to be passed in Her Britannic Majesty's possessions, elsewhere than in the Province of Quebec, and acceptable to the board created by this act. * * * The subjects of the preliminary qualifications to be English and French, Latin, geography, history, arithmetic, algebra, geometry, belles-lettres, and any one of the following subjects: Greek, natural or moral philosophy; and the candidates to present a certificate of good moral character.

§ 15. The qualifications to be required from a candidate for obtaining a license, authorizing him to practice medicine, surgery and midwifery, shall consist in his holding a certificate of study from a licensed physician, for the period intervening between the courses of lectures which he has followed; that he is not less than twenty-one years of age; that he has followed his studies during a period of not less than four years, commencing from the date of his admission to the study of medicine by this board, and that, during the said four years, he shall have attended, at some university, college or incorporated school of medicine within Her Majesty's dominions, not less than two six-months' courses of general or descriptive anatomy, of practical anatomy, of surgery, of practice of medicine, of midwifery, of chemistry, of materia medica and general therapeutics, of the institutes of medicine, of physiology and general pathology, of clinical medicine and of clinical surgery; one six-months' course or two three-months' courses, of medical jurisprudence and of hygiene; one three-months' course, of botany; one three-months' course, and a course of not less than twenty-five demonstrations, upon microscopic anatomy, physiology and pathology; also, that he shall have attended the general practice of a hospital in which are contained not less than fifty beds, under the charge of not less than two physicians or surgeons, for a period of not less than one year and a half, or three periods of not less than six months each; and that he shall also have attended six cases of labor, and compounded medicines for six months. And to remove all doubts with regard to the number of lectures which the incorporated schools of medicine of the Province of Quebec are bound to give, it is enacted and declared that each six-months' course shall consist of one hundred and twenty lectures, except in the case of clinical medicine, clinical surgery and medical jurisprudence. Of the four years' study required by this act, three six-months' sessions at least shall be passed in attendance upon lectures at a university, college or incorporated school of medicine recognized by this board, the first whereof shall be so passed the session immediately succeeding the preliminary examination, and the last during the fourth year of study, and the candidate shall undergo an examination, on the final subjects of the curriculum, at the end of the session in his fourth year of study.

It is optional in Quebec with the provincial board to accept or reject the degree of a university outside the province, and the test of an examination is sometimes imposed upon its holder.

In Ontario all, except registered practitioners of Great Britain, must pass an examination in the required branches before registration. The remainder of the provinces accept recognized university degrees without examination.

Graduates of United States medical schools, in order to register in a province of Canada, unless holding an academical degree, must 1) pass the matriculation examination; 2) attend a Canadian school one or more full winter courses, so as to complete the curriculum of the province; and 3) pass the professional examination.

Manitoba is an exception, the regulation there being as follows: "American students in medicine (meaning graduates of medical colleges in the United States) obtain a license by passing a practical examination satisfactory to the board on the following subjects, viz.: Anatomy, physiology, theory and practice of medicine, surgery, midwifery and diseases of women and children, chemistry materia medica and therapeutics, medical jurisprudence and toxicology." For this examination, and subsequent registration, a fee of \$100 is charged.

STUDENTS attending Canadian colleges, are subject to the following rules:

1. In the case of disorderly conduct any student may, at the discretion of the professor, be required to leave the class-room. Persistence in any offence against discipline, after admonition by the professor, shall be reported to the dean of the faculty. The dean may, at his discretion, reprimand the student, or refer the matter to the faculty at its next meeting, and may, in the interval suspend from classes.

2. Absence from any number of lectures can only be excused by necessity or duty, of which proof must be given, when called for, to the faculty. The number of times of absence, from necessity or duty, that shall disqualify for the keeping of a session, shall in each case be determined by the faculty.

3. While in the college students are expected to conduct themselves in the same orderly manner as in the class-rooms.

4. When students are brought before the faculty under the above rules, the faculty may reprimand, impose fines, disqualify from competing for prizes and honors, suspend from classes, or expel from the college.

Ontario.**TORONTO SCHOOL OF MEDICINE.**

(Affiliated with the University of Toronto and the University of Victoria College.)

TORONTO, Ont. H. H. WRIGHT, M. D., Secretary, corner Sherbourne and Gerrard Streets.

ORGANIZED in 1843. Incorporated by act of Parliament in 1851. Degrees were first conferred upon its students by affiliated universities, in 1815. Degrees have been so conferred each subsequent year.

Faculty embraces twelve professors (lecturers), two adjunct professors and two demonstrators.

COURSE OF INSTRUCTION: Two sessions yearly; the winter term of 1885-6 began October 1. and will finish April 1, 1886; the summer term will begin May 1st, and continue six weeks.

For curriculum of studies see section fifteen of the Quebec medical act as quoted above.

REQUIREMENTS: "The school does not exact any requirements as to matriculation, etc., and does not grant degrees. These matters it leaves entirely to the two universities with which it is affiliated, and to the medical council. [OLDRIGHT.]

FEES: Lecture courses, each chair, \$12, excepting anatomy, descriptive and surgical, \$15; normal and pathological histology, each \$8; medical jurisprudence and chemistry, each, \$6; and botany and hygiene, each, \$5; registration, payable only once, \$5; four optional studies, each, \$5; summer session, \$20.

TORONTO UNIVERSITY, MEDICAL FACULTY.

Toronto, Ont.

ORGANIZED in 1843 as the Medical Faculty of King's College. Soon after its organization, the name was changed to the Medical Faculty of the University of Toronto. The faculty was paid by the State. After an existence of ten years, the endowed chairs were abolished by an act of the legislature, and in 1852 the school became extinct.

TRINITY MEDICAL COLLEGE.

(Affiliated with the University of Trinity College, the University of Toronto and the University of Manitoba.)

TORONTO, Ont. W. B. GEIKIE, M. D., C. M., Dean, 324 Jarvis street.

ORGANIZED in 1850, as the Upper Canada School of Medicine, which, in its first session, became the Medical Faculty of Trinity College, and after an existence of four years ended by the resignations of the professors, who refused to submit to certain test enactments of a religious nature demanded by the corporation. In 1870 the Faculty of Medicine of Trinity College was reorganized, and it exists now as a separate corporation under the above title. The school confers the degree of "Fellow by Examination of Trinity Medical School," which is, "in every respect the equivalent of M. B., M. D. or M. D., M. C., at Trinity College." [GEIKIE.]

The faculty embraces ten professors, one lecturer and two demonstrators.

COURSE OF INSTRUCTION: The winter session of 1885-86, beginning October 1, 1885, continues for six months; the summer session begins May 1, and ends June 30, 1886. Four years' attendance is required for graduation.

Lectures embrace the principles and practice of medicine and surgery, materia medica, therapeutics, anatomy, obstetrics, diseases of women and children, chemistry, botany, sanitary science, medical jurisprudence, physiology, histology, pathology, ophthalmology, otology, laryngology. Three examinations are held during the course, viz: at the close of the first, second and fourth years.

REQUIREMENTS: Students are advised to pass the matriculation examinations of the Medical Council of Ontario, or those of the affiliated universities, before entering; but are allowed to attend lectures without any examination, though none such can obtain a degree. Students not matriculated elsewhere, and who desire to take the Fellowship Diploma, are required to pass an examination on the following subjects: 1) writing and dictation; 2) English language, including grammar and composition; 3) arithmetic; 4) algebra, including simple equations and Euclid, Latin, and either Greek, German, French or natural philosophy, history and geography.

For graduation: a) a recognized matriculation examination; b) four years' pursuit of medical studies; c) attendance on at least two full courses of lectures during either three or four winter sessions, and d) satisfactory examination in all required branches.

FEES: Registration, \$5; lecture courses, each chair, \$12, excepting practical anatomy, practical chemistry, normal and pathological histology, each, \$8; medical jurisprudence, \$6; hygiene and botany, each, \$5; examinations, \$15; summer session, \$20; Toronto general hospital, \$20; for perpetual ticket lying-in hospital, \$5 per six months.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1873-79	137	35	25.5
1879-80	136	30	22+
1880-81	136	30	22+
1881-82	168	35	20.7
1882-83	205	38	18.5
1883-84	222	62	27.9
1884-85	260	58	22.3

Average percentage of graduates to matriculates for the years reported, *twenty-three*.

REMARKS: The number of graduates given above includes, also, "men licensed by the Council."

MEDICAL DEPARTMENT OF VICTORIA COLLEGE.

(Also known as "Rolph's School.")

TORONTO, Ont.

ORGANIZED in 1853. Extinct since 1869.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

(Affiliated with Queen's University.)

KINGSTON, Ont. FIFE FOWLER, M. D., L. R. C. S., Edin., President of the Faculty.

ORGANIZED as the Medical Faculty of Queen's University in 1854. First class graduated in 1855, and classes graduated in each subsequent year. Being separately incorporated, the college confers the diplomas of "Licentiate" and "Fellow." Its students obtain the degrees of M. D. and C. M., from the Queen's University, upon passing the required examination.

The faculty embraces eight professors and three demonstrators.

COURSE OF INSTRUCTION: The winter session of 1885-86 began on the first Monday in October, 1885, and continues six months; the summer term begins on the first Monday in May. The course of study is graded, covering four years, and fulfills the requirements of the provincial board. See excerpt from Quebec Medical Act.

REQUIREMENTS: For admission: "Candidates for the degree of the university or the diploma of the college must have completed a period of four years' study, and passed the matriculation examination of Queen's college, which is as follows: English language, grammar and composition; arithmetic, with vulgar and decimal fractions; algebra, including simple equations; geometry, first two books of Euclid; Latin grammar and translation (Cicero, Cato Major, Virgil, Eneid, Bk. I, 1-304; Ovid Fasti, Bk. I, 1-300); natural philosophy, as in Stewart's Physics. Graduates and matriculates in arts from any recognized university, and those who have passed the matriculation examination of the Medical Council of Ontario, are not required to pass the above matriculation examination."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) thesis; 4) certificates of attendance on the full course of instruction, as above, for four years, excepting graduates in arts and those who have passed a full year's pupillage in the office of a medical practitioner, of whom only three years' study is required; 5) evidence of having compounded medicines for a period of six months; 6) evidence of having attended six cases of midwifery. For the Fellowship: 1) a degree in arts, or an equivalent examination; 2) evidence of having been engaged in the practice of the profession for five years.

FEES: Registration (payable once only), \$5; tuition, per session, seven chairs, \$12 each; five chairs, \$6 each, and two chairs, \$4 each; practical anatomy, \$8; hospital, \$4. For graduation: diploma of licentiate, \$20; degree of M. D. and C. M., \$30; fellowship of college, \$50.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	48	10	20.8
1878-79	—	14	—
1879-80	—	12	—
1880-81	68	15	22+
1881-82	—	16	—
1882-83	48	11	23—
1883-84	105	14	13.3
1884-85	99	14	14

Average percentage of graduates to matriculates during the years reported in full, *seventeen*.

WESTERN UNIVERSITY, MEDICAL DEPARTMENT.

LONDON, Ont. H. ARNOTT, M. B., Registrar, 234 Queen's Avenue.

ORGANIZED in 1882. First class graduated in 1883.—Faculty embraces fifteen professors and three demonstrators of anatomy.

COURSE OF INSTRUCTION: One annual graduating session of six months' duration. The session of 1885-86 began October 1, 1885. The course is graded, extending over three sessions in different years.—Lectures embrace anatomy, physiology, obstetrics, diseases of women and children, chemistry, therapeutics, botany, nervous and mental diseases, principles and practice of medicine, surgery, histology, pathology, sanitary science, medical jurisprudence, toxicology.

REQUIREMENTS: For admission (a) certificate of graduation or matriculation in any recognized British university; (b) certificate of having passed the provincial examination; (c) matriculation examination on English language, arithmetic, algebra, geometry, Latin, writing and dictation. Correct spelling and legible writing are imperative.

For graduation: 1) certificate of having passed a recognized matriculation examination; 2) four years' study; 3) two sessions of six months each upon anatomy, practical anatomy, practice of medicine, surgery, theoretical chemistry, midwifery, diseases of women and children, materia medica, therapeutics, physiology, clinical medicine, clinical surgery; 4) one six months' course on medical jurisprudence; one three months' course on botany; twenty-five lectures on chemistry and toxicology; twenty-five practical demonstrations on histology and pathology; twenty lectures on sanitary science; 5) attendance for at least eighteen months on the practice of some recognized hospital; 6) six months' attendance on the practice of a lying-in hospital, and charge of six cases of confinement; 7) compounded medicines for six months; 8) good moral character; 9) twenty-one years of age.

FEES: Matriculation, \$5; registration, \$2; six chairs, \$12 each; eight chairs, \$6 each, and three, \$5 each; practical anatomy, \$10; hospital, \$5. Graduation, \$25.

STUDENTS: Number of matriculates and graduates at each session reported, and percentage of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1882-3	15	1	6.6
1883-4	19	—	—
1884-5	18	2	11

Average percentage of graduates to matriculates for the years reported in full, *nine*.

WOMAN'S MEDICAL COLLEGE.

(Affiliated with the University of Trinity College, Toronto.)

TORONTO, Ont. M. BARRETT, M. A., M. D., President, 204 Simcoe street.

ORGANIZED in 1883. The college does not confer degrees, but is intended for "the education of ladies in the science and practice of medicine so as to fit them to undergo the examinations of the College of Physicians and Surgeons of Ontario which are required for the provincial license, and for degrees in medicine in the several universities."

The faculty embraces ten professors and a demonstrator.

COURSE OF INSTRUCTION: One annual lecture term of six months' duration, beginning on the first Wednesday in October. The course is graded, and extends through three years.

Lectures embrace the principles and practice of medicine and surgery, obstetrics, disease of women and children, materia medica, botany, anatomy, microscopy, sanitary science, medical jurisprudence, toxicology, chemistry, ophthalmology, otology and sanitary science.

REQUIREMENTS: For admission, certificate of having passed the matriculation examination of the provincial board. Graduates in arts, or students having matriculated in arts in any recognized university in Her Majesty's Dominions, are exempt.

For graduation: 1) four years' study; 2) four courses of lectures of six months duration; if a graduate in arts three courses; 3) two courses of six months each upon anatomy, dissection, physiology, histology, chemistry, materia medica, therapeutics, principles and practice of medicine and surgery, midwifery, diseases of women and children, and clinical medicine and surgery; one six months' course on medical jurisprudence; one course of three months upon practical chemistry, toxicology, botany, pathology and hygiene; 4) dissect the whole human body; 5) six months' practice in compounding medicines; 6) twenty-four months' attendance on hospital; 7) six cases of midwifery.

FEES: For eight chairs, including practical anatomy, \$12 each; normal histology, pathological histology, \$8 each; medical jurisprudence, practical chemistry, clinical medicine and clinical surgery, \$6 each; sanitary science, botany, \$5 each. Registration, once only, \$5. Third course on any branch free.

KINGSTON WOMEN'S MEDICAL COLLEGE.

(Affiliated with Queen's University.)

KINGSTON, Ont. M. LAVELL, M. D., President of the Faculty.

ORGANIZED in 1883. Degree of doctor of medicine conferred by Queen's University, upon passing the required examinations.

The faculty embraces eight professors, in addition to which two professors of Queen's College give instruction in chemistry and botany.

COURSE OF INSTRUCTION: The session of 1885-86 began the first Monday in October, 1885. The course of lectures, which will continue for six months each session, "will be equivalent in all respects to the ordinary winter course delivered in other medical colleges, and as such will be accepted in proceeding to the degree of M. D. in Queen's University.

Lectures embrace obstetrics and diseases of women and children; principles and practice of surgery; materia medica and therapeutics; medical jurisprudence and sanitary science; theory and practice of medicine; physiology and histology; anatomy, descriptive and surgical; chemistry; botany; practical anatomy; clinical surgery; clinical medicine.

REQUIREMENTS: For admission, "Before entering the student must decide where she intends to practice medicine. If in Ontario, then she should, before entering college, either pass the intermediate examination of the high schools, with Latin included, or she should matriculate in arts in some university in Her Majesty's Dominions. If outside of Ontario, then she must, not later than the beginning of her second session, pass the matriculation examination of Queen's University, which includes English language, grammar and composition, arithmetic, algebra, geometry, Latin grammar, natural philosophy."

For graduation: "The requisites for graduation will in no sense differ from what is required for the other sex, and the facilities for study will be also the same."

"By the regulations of the University, the matriculation examination of the college may be passed at any time before undergoing examination for the degree. The Medical Council matriculation, which is the intermediate examination of the high schools with Latin, will be accepted by the University."

FEES: Registration, once only, \$5; seven chairs, \$12 each; practical anatomy, \$8; five chairs, \$6 each; sanitary science and histology, \$4 each. Except in practical anatomy, chemistry and botany, the third and subsequent courses in any branch, free.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	11	3	27.2
1884-85	14	2	14.2

Average percentage of graduates to matriculates, *twenty*.

Quebec.

MCGILL UNIVERSITY, MEDICAL DEPARTMENT.

MONTREAL, Que. R. PALMER HOWARD, M. D., Dean, 47 Union Avenue.

ORGANIZED in 1824 as the Montreal Medical Institution; became the Medical Department of McGill University in 1829. No class graduated during the Canadian Rebellion, 1837-40.

The faculty embraces twelve professors, three demonstrators, three instructors, one lecturer, and one assistant to the chair of chemistry.

COURSE OF INSTRUCTION: The complete course of study extends over four winter sessions of six months, and one summer session of three months in the third academic year. The collegiate year of 1885-86 began October 1, 1885, and the summer session will begin April 13, 1886.

The examinations at the end of each session are arranged as follows: First year, pass examination in histology and botany; sessional examination in anatomy, chemistry and physiology. Second year, pass examination in anatomy, chemistry, practical chemistry and physiology; sessional examination in materia medica and therapeutics. Third year, pass examination in materia medica and therapeutics, medical jurisprudence, hygiene and pathology. Fourth year, pass examination in medicine, surgery, obstetrics, clinical medicine and clinical surgery.

REQUIREMENTS: For admission, see section eight of the Quebec Medical Act.

For graduation, see section fifteen of the Quebec Medical Act.

FEES: For first year, \$69; for second year, \$88; for third year, \$97; for the fourth year, \$65; hospital, \$28; university matriculation, \$5; graduation, \$30; separate lecture course, \$5 to \$16.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	161	27	16+
1878-79	166	37	22+
1879-80	166	39	18+
1880-81	168	38	22.7
1881-82	154	27	17.5
1882-83	188	30	16—
1883-84	212	34	16+
1884-85	234	36	15.4

Average percentage of graduates to matriculates for the past eight years, *eighteen*.

ECOLE DE MEDICINE ET DE CHIRURGIE.

(*Affiliated with the University of Victoria.*)

MONTREAL, Que. L. D. MIGNAULT, A. B., M. D., C. M., 155 rue Bleury.

ORGANIZED in 1843, and incorporated in 1845. Degrees were first conferred on its students in 1845. Degrees have been conferred each subsequent year.

The faculty embraces twelve professors, one lecturer and two demonstrators.

COURSE OF INSTRUCTION: One annual session of six months duration, attendance, upon which is compulsory. Students are not received after the first month. The complete course extends over three years of graded instruction, with weekly quizzes.

Lectures embrace chemistry, pharmacy, toxicology, materia medica, therapeutics, diseases of women and children, physiology, pathology, principles and practice of medicine and surgery, medical jurisprudence, botany, hygiene, histology and ophthalmology.

REQUIREMENTS: For admission, see section eight of the Quebec Medical Act.

For graduation, see section fifteen of the Quebec Medical Act.

FEES: Matriculation, \$2; anatomy, physiology, obstetrics, chemistry and pharmacy materia medica, pathology internal, pathology external, each chair \$12. Clinical medicine, clinical surgery, botany, hygiene and practical anatomy, each \$6; histology, \$8; general hospital and maternity hospital, each \$4; graduation, \$50.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	111	6	5.4
1882-83	—	33	—
1883-84	—	—	—
1884-85	155	28	18+

Average percentage of graduates to matriculates, two sessions, *twelve*.

ST. LAWRENCE SCHOOL OF MEDICINE.

QUEBEC, Que.

ORGANIZED in 1851. Extinct, 1852.

LAVAL UNIVERSITY, MEDICAL DEPARTMENTS.

QUEBEC, Que. ARTHUR VALLEE, M. D., Secretary, 22 rue Ste. Anne.

MONTREAL, Que. E. P. LACHAPPELLE, M. D., Secretary, 132 rue Ste. Laurent.

ORGANIZED in 1852. The department in Quebec is the successor of the Quebec School of Medicine, which was organized in 1848, and existed four years. The department in Montreal is known as a "Succursale," and was organized in 1878. The first class was graduated in 1855, and a class has been graduated each year since.

The faculty embraces twenty-six chairs, thirteen in each school.

COURSE OF INSTRUCTION: One annual session of about thirty-five weeks' duration; attendance is compulsory; the course is graded and extends over four years.

Lectures are divided into two sections, primary and final. Primary—descriptive anatomy 240 lectures, practical anatomy 180 lectures, of two hours each, microscopical anatomy and histology 120 lectures, physiology 150 lectures, general pathology 80 lectures, hygiene 60 lectures, chemistry 240 lectures, botany 60 lectures; examination at the end of this course. Final section includes materia medica and general therapeutics 240 lectures, surgical pathology and theoretical surgery 240 lectures, medical pathology and special therapeutics 240 lectures, toxicology 240 lectures, medical jurisprudence 60 lectures, toxicology 60 lectures, diseases of the eye and ear 60 lectures, practical operative surgery 40 lectures, clinical surgery 180 lectures, clinical medicine 180 lectures, clinical studies of the diseases of the eye and ear 60 lectures, clinical midwifery not less than six cases, clinical study of diseases of women and children; examination at the end of this course.

REQUIREMENTS: For admission, see section eight of the Quebec Medical Act.

For graduation, see section fifteen of the Quebec Medical Act.

FEES: Annual fee, \$54; diploma, \$20.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	70	15	21.4
1878-79	65	9	13.8
1879-80	56	16	28.5
1880-81	97	13	13.5
1881-82	104	42	11.5
1882-83	117	26	22+
1883-84	109	25	22.9
1884-85	85	13	15.3

Average percentage of graduates to matriculates for the past eight years, *eighteen*.

UNIVERSITY OF BISHOP'S COLLEGE, FACULTY OF MEDICINE.

MONTREAL, Que. F. W. CAMPBELL, A. M., M. D., Dean, 10 Phillips Place, Beaver Hall.

ORGANIZED in 1870. The first class was graduated in 1871, and a class has been graduated each year since.

Faculty embraces twelve professors, two lecturers, one demonstrator, and a curator.

COURSE OF INSTRUCTION: One annual session, extending during the present year from October 5, 1885, to the end of March, 1886.

REQUIREMENTS: For admission, see section eight, Quebec Medical Act.

For graduation, see section fifteen, Quebec Medical Act.

FEES: Registration each session, \$4; eight chairs, \$12 each; two, \$10 each; practical histology, \$16; four chairs, \$6; degrees (C. M., M. D.), \$20; registration of degree, \$5; hospitals, \$32.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	43	10	23+
1878-79	30	9	30
1879-80	28	6	21.4
1880-81	31	5	16+
1881-82	55	6	10.9
1882-83	34	3	8.8
1883-84	39	10	25.8
1884-85	23	4	17

Average percentage of graduates to matriculates for the past eight years, *eighteen*.

NOVA SCOTIA.

HALIFAX MEDICAL COLLEGE.

(Affiliated with Dalhousie University.)

HALIFAX, N. S. A. W. H. LINDSAY, M. D., Registrar, 241 Pleasant street.

ORGANIZED in 1867 as the Halifax School of Medicine, united the same year with Dalhousie University as its Medical Faculty, separately incorporated under its present title in 1876, affiliated with Dalhousie University in 1885. [See Medical Department, Dalhousie University.]

First class graduated in 1872, classes graduated in each subsequent year except 1873. [A letter from the Registrar announces that there will be no class during the winter of 1885-86.] Being now affiliated with Dalhousie University the medical college refrains from conducting degree examinations or conferring degrees, both being left to the University.

Faculty embraces eight professors, six lecturers and instructors, and two demonstrators.

COURSE OF INSTRUCTION: One annual course of six months duration beginning in last week of October; attendance ascertained regularly and certified at end of session.

Lectures embrace principles and practice of medicine, clinical medicine, obstetrics, gynecology, principles and practice of surgery, clinical surgery, physiology, anatomy, dermatology, botany, diseases of children, practical chemistry, materia medica, therapeutics, microscopy, pharmacy, medical jurisprudence, toxicology, insanity and public hygiene.

REQUIREMENTS: For admission as an undergraduate, a) certificate of having passed the matriculation examination of the Nova Scotia Medical Board. Compulsory: English language, including grammar, composition and writing from dictation; arithmetic, including vulgar and decimal fractions and the extraction of the square root; algebra to the end of simple equations; geometry,—first three books of Euclid; Latin, one book,—translation and grammar. Elementary mechanics of solids and fluids. And one of the following optional subjects: History of England, with questions in modern geography. French translation; German translation; one Greek book; History of Nova Scotia; History of the Dominion of Canada. b) certificate of having passed either of the medical matriculation examinations of Dalhousie University. Exemptions: a degree in arts or science from any chartered university or college exempts from further preliminary examination. The matriculation, sessional and degree examinations of any regularly chartered university or college, and the preliminary examination of any medical licensing board authorized by law in Her Majesty's Dominions are recognized *pro tanto*. Persons are also admitted as general students without any preliminary examination, but such attendance does not qualify for graduation.

For graduation: Students of the Halifax Medical College receive the degrees M. D., C. M. from Dalhousie University. For requirements, see Medical Department, Dalhousie University.

FEES: Registration annual \$2.00 (or perpetual \$5.00); matriculation examination (Nova Scotia Medical Board) \$10.00; lectures \$12.00 each class, except practical anatomy, clinical medicine, clinical surgery, medical jurisprudence, \$8.00 each, and practical chemistry, practical pharmacy, botany, \$6.00 each.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session,	Matriculates.	Graduates.	Percent.
1877-78	29	2	6—
1878-79	36	3	8+
1879-80	37	2	5.4
1880-81	35	2	5.7
1881-82	37	1	2.7
1882-83	41	3	7+
1883-84	34	5	14.7
1884-85	32	1	3.1

Average percentage of graduates to matriculates, for eight years, *six*.

DALHOUSIE UNIVERSITY, MEDICAL FACULTY.

HALIFAX, N. S. A. W. H. LINDSAY, M. D., Registrar, 241 Pleasant street.

ORGANIZED in 1867; incorporated as the Halifax Medical College in 1876. Reorganized under its present title in 1885. See Halifax Medical College.

The following data are from the University Calendar for the session of 1885-86:

Two medical degrees are conferred by this university, viz: Doctor of Medicine (M.D.) and Master of Surgery (C.M.); but neither degree is conferred on any person who does not at the same time obtain the other.

MATRICULATION EXAMINATIONS.—I. Candidates for medical degrees must give evidence of having obtained a satisfactory general education before entering upon the course of study qualifying for the degrees, by passing either one or other of the matriculation examinations of this faculty or some other examination recognized by the senate as sufficient.

II. The following are the subjects of the Lower Matriculation Examination: 1.) English language, including grammar and composition,—the examination being such as to test the ability of the candidate, (1) to write sentences in correct English on a given theme, attention being paid to spelling and punctuation as well as to composition; (2) to write correctly from dictation; (3) to explain the grammatical construction of sentences; (4) to point out the grammatical errors in sentences ungrammatically composed and to explain their nature, and (5) to give the derivation and definition of English words in common use; 2.) English history; 3.) modern geography; 4.) Latin, including translation from the original and grammar; the following book is prescribed for October, 1855: Cæsar; De Bello Gallico, Book VI; 5) elements of mathematics, comprising a) arithmetic—including vulgar and decimal fractions; b) algebra—including simple equations; c) geometry—including the first three books of Euclid or the subjects thereof; 6) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics and hydrostatics,—as treated in Blaikie's Elements of Dynamics* (Thin, Edinburgh); 7) one of the following subjects: a) Greek, including translation* from the original and grammar; b) French, including translation* from the original and grammar; c) German, including translation* from the original and grammar; d) logic, as in Jevons' Elementary Lessons in Logic† (Macmillan & Co.); e) elementary chemistry; f) botany.

III. The following are the subjects of the higher matriculation examination: 1) English language, as in the lower examination; 2) English history; 3) modern geography; 4) Latin: the subjects of the lower examination together with translation of easy English sentences into Latin prose. Text-book: Smith's Principia Latina,* Part IV, Exs. 1-35; 5) elements of mathematics, as in the lower examination; 6) elementary mechanics of solids and fluids, as in the lower examination; 7 and 8) any two of the following subjects: a) Greek: the subjects of the lower examination together with translation of easy English sentences into Greek prose; b) French: the subjects of the lower examination together with translation of easy English sentences into French; c) German: the subjects of the lower examination together with translation of easy English sentences into German; d) natural philosophy: as in Balfour Stewart's Elementary Physics† (Macmillan & Co.); e) logic: Jevons' Elementary Lessons in Logic† (Macmillan & Co.).

IV. These examinations will be held on the 15th-19th of October, 1855, in the college library. They will be conducted by the instructors of the arts faculty. Persons who wish to appear as candidates are required to give notice to the secretary of the senate at least fourteen days before the date of examination (stating in such notice whether they are candidates for the lower or higher examination, and specifying the elective subjects in which they wish to be examined), to enter their names in the register of candidates, and to pay a fee of ten dollars.

V. The lower examination satisfies the requirements of the General Medical Council of Great Britain as to the preliminary examination which must be passed by persons wishing to register as medical students; and as the examinations of this university are recognized by the council *pro tanto*, a certificate of having passed the above examination will enable the holder thereof to register as a medical student in Great Britain without further examination. The higher examination satisfies the requirements of the University of Edinburgh in the same respect. Certificates will be issued to candidates showing the subjects in which they passed and the extent to which their knowledge of these subjects was tested.

VI. A certificate of the possession of a university degree in arts or of having passed the matriculation examination of the Provincial Medical Board of Nova Scotia shall be considered by this university sufficient evidence of satisfactory general education.

DEGREE EXAMINATIONS.—Candidates for the Degree of M.D. and C.M. shall be required to pass two examinations—the Primary and the Final M.D., C.M. examinations, and to have satisfied at the dates of the examinations certain conditions as to the attendance on classes, etc.

Primary M.D., C.M., Examinations.—I. Candidates for this examination shall be required to produce certificates to the following effect: 1.) of having passed the matriculation examination, or other examination recognized as sufficient, at least two academic years previously, and of having completed their sixteenth year at the date of passing said examination; 2.) of having, after passing the matriculation or other equivalent examination, attended in the Halifax Medical College, or in some school of medicine approved by the senate, two courses of 100 lectures each, in each of the following subjects, viz:—Anatomy, chemistry, materia medica, and physiology; and two courses of instruction of the same duration in practical anatomy, in the course of which they shall have dissected the whole body (*i.e.*, the head and neck and upper and lower extremities) at least twice; 3.) of having, after passing the matriculation examination, attended either in this university, in the Halifax Medical College, or in some other university or college, approved by the senate, one course of instruction of fifty lessons each in each of the following subjects, viz.: botany and practical chemistry; 4.) either of having, after passing the matricu-

*The following books are prescribed for October, 1855: In Greek, Xenophon's Anabasis, Book I, or Book VI; in French, Voltaire's Charles XII., Books I and II; in German, Adler's Reader, Zweiter Abschnitt, Nos. 14-17 (inclusive).

†These books are mentioned to show the extent of knowledge expected. Other books may of course be used by candidates.

lation examination, attended at the Halifax Medical College or at some college approved by the senate, one course of instruction of fifty lessons in practical pharmacy, or of having had three months' practice in the dispensing of drugs with a recognized apothecary or dispensing medical practitioner.

II. Candidates shall be required to pass written and oral examinations in chemistry (including practical chemistry), botany, anatomy (including practical anatomy), physiology and materia medica (including practical pharmacy).

III. Candidates may appear for examination in botany one academic year after passing the matriculation examination on presentation of the certificates specified above so far as they apply to this subject.

IV. The Primary M.D., C.M., examinations will be held in the third week of April. Candidates are required to transmit the certificates specified above to the secretary of the senate at least fourteen days before the date of the examination, to enter their names in the register of undergraduates of the university before the date of the examination, and to pay before the date of the examination half the amount of the graduation fee. Should the candidate fail to pass, the fee will not be returned to him, but he will be admitted to any one subsequent primary examination without fee.

Final M.D., C.M., Examination.—I. Candidates for this examination shall be required to furnish certificates to the following effect, viz: 1.) that they have completed their twenty-first year or that they will have done so on or before the day of graduation. This certificate shall be signed by themselves; 2.) of having passed the primary M.D., C.M. examination at this university, or having passed the same examination at the Halifax Medical College prior to its affiliation with this university, or of having been admitted to the standing of an under-graduate who has passed this examination on certificates from recognized medical schools; 3.) of either (a) having attended during four academic years at least two courses of lectures per year in subjects of the primary and final M.D., C.M. examination either in this university or at the Halifax Medical College, or at some other recognized medical school, or (b) having spent one calendar year in the study of medicine in the office or offices of one or more registered medical practitioners, and having subsequently attended during three academic years courses of lectures as above; 4.) of having attended at least two courses of lectures during at least one academic year at the Halifax Medical College, and of having paid the fees for one course of lectures in each of the subjects of the M.D., C.M. examinations, at that college; 5.) of having, after passing the matriculation examination, attended at the Halifax Medical College, or at some school of medicine approved by the senate, two courses of 100 lectures each in each of the following subjects, viz:—Principles and practice of surgery, obstetrics and diseases of women and children, and principles and practice of medicine; two courses of lectures of fifty lectures each in each of the following subjects, viz:—Clinical medicine and clinical surgery; and one course of fifty lectures in medical jurisprudence; 6.) of having, after passing the matriculation examination, attended during one calendar year the practice of the provincial and city hospital or that of some other hospital approved by the senate; 7.) of having attended for at least six months the practice of a lying-in hospital, approved by the college, or of having attended at least six cases of midwifery under a recognized practitioner; 8.) of having obtained proficiency in the practice of vaccination under a recognized practitioner.

II. Candidates shall be required to pass written and oral examinations in the following subjects:—Principles and practice of medicine, obstetrics and diseases of women and children, principles and practice of surgery, and medical jurisprudence. The oral examinations in medicine and surgery, shall include clinical examinations conducted at the bedside, cases being submitted for diagnosis and treatment.

III. Candidates may appear for examination in medical jurisprudence alone, three academic years after passing the matriculation examination, on presentation of the certificates specified above so far as they apply to this subject.

IV. This examination will be held in the third week of April. Candidates are required to transmit the certificates specified above to the secretary of the senate at least fourteen days before the date of the examination, to enter their names in the register of undergraduates before the date of the examination, and to pay on registration one-half of the amount of the graduation fee. Should the candidate fail to pass, the fee will not be returned to him; but he will be admitted to any one subsequent final examination without fee.

FEES: The following fees, payable by candidates for the degree of M.D., C.M., in all cases payable in advance: Registration fee, \$2; matriculation examination fee, \$10; chemistry class fee \$12; chemistry laboratory fee (three months' course), \$6; botany class fee, \$6; graduation fee, \$20.

Manitoba.

MANITOBA MEDICAL COLLEGE.

(Affiliated with the University of Manitoba.)

WINNIPEG, Ma. JAMES KERR, M. D., M. Ch., Dean of the Faculty.

ORGANIZED in 1883. The faculty embraces thirteen professors, one demonstrator, and one lecturer.

COURSE OF INSTRUCTION: One yearly session; that of 1885-86 began October 1, 1885, and will continue for six months.

For curriculum of study, see section fifteen of the Quebec Medical Act, *supra*. A fellowship degree is granted.

REQUIREMENTS: "Every student who desires to present himself for the Fellowship Diploma, must have passed a recognized matriculation examination, and spent four years in pursuit of medical studies, and attended two full courses of lectures during either three or four winter sessions."

FEES: Registration, \$5; seven chairs, each, \$12; five chairs, each, \$6; botany, \$5; practical anatomy, \$8; examinations, each, \$5; for final examination, when the previous examinations have been passed in some institution recognized by the college, \$15.

STUDENTS: Number of matriculates during the session of 1883-84, 15; 1884-85, 22.

COLOLADO.

UNIVERSITY OF DENVER, MEDICAL DEPARTMENT.

DENVER, Col. SAMUEL A. FISK, M. D., Secretary, 373 Curtis street.

ORGANIZED in 1881. First class graduated in 1882.

The faculty embraces fourteen professors, three lecturers and a demonstrator.

COURSE OF INSTRUCTION: "Is divided into three series, and extends over three consecutive and annual courses of lectures." The junior, or first-year course, embraces anatomy, physiology, histology, materia medica and chemistry. Middle, or second-year course, embraces anatomy, physiology, principles and practice of medicine, principles and practice of surgery, obstetrics and diseases of children, general pathology and pathological anatomy, therapeutics, hygiene and medical chemistry. Senior, or third-year course, includes principles and practice of medicine and clinical medicine, principles and practice of surgery and clinical surgery, medical and surgical diseases of women and clinical gynecology, obstetrics, clinical obstetrics and diseases of children, ophthalmology and otology, microscopy, medical jurisprudence, diseases of the chest and climatology, laryngoscopy, physical diagnosis, nervous and mental diseases, diseases of the genito-urinary organs and hygiene. The annual sessions begin on the first Wednesday of October, and close on the last Wednesday of March.

REQUIREMENTS: For admission: "All applicants for admission as matriculates are expected to pass a thorough examination in English composition, writing, grammar, arithmetic, natural philosophy and rudiments of Latin; but applicants holding the degree of A. B., or a diploma from any high school or a certificate of proficiency in the above named branches from a reputable teacher of such school, shall be considered sufficiently prepared, and such degree or certificate shall be received in lieu of an examination."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years study; 4) two full courses of lectures; 5) practical anatomy and chemistry for two sessions; 6) proficiency in diagnosis and therapeutics by practical demonstration on the living subject; 7) satisfactory examination in the seven principal branches of medical science.

FEES: Matriculation (payable once), \$5; lectures, \$75; demonstrator, \$5; dissecting material, at cost; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	12	5	33+
1882-83	21	5	23.8
1883-84	22	5	22.7
1884-85	18	4	22.2

Average percent of graduates to matriculates during the past four years, *twenty-six*.

UNIVERSITY OF COLORADO, MEDICAL DEPARTMENT.

BOULDER, Col. J. A. SEWALL, M. D., LL.D., President of the Faculty.

ORGANIZED in 1883. The faculty embraces seven professors.

COURSE OF INSTRUCTION: Graded, and extends over a term of three years, with a session of nine months in each year. Sessions commence in September and end in June.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, histology, ophthalmology, otology and botany.

REQUIREMENTS: For admission, a literary or scientific degree, a high-school diploma, or the candidate will be required to write, in the presence of the examiner, a satisfactory application for admission, containing an account of his educational opportunities and acquirements, and further undergo a thorough examination in the branches of a good English education, including mathematics and natural philosophy. Students will be admitted to advanced standing upon passing successful examinations.

For graduation: 1) twenty-one years of age; 2) a good moral character; 3) oral and written examinations satisfactory to the faculty; not less than three full years of study, including time spent with preceptor and attendance upon clinics, at hospital, and lectures which shall consist of not less than three full courses.

FEES: Matriculation, \$5; graduation and diploma, \$10; tuition free.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	8	—	—
1884-85	19	2	10.5

REMARKS: The three years' course is not obligatory, as the student is allowed to present himself for examination at the end of any collegiate year, which, being satisfactory, the degree of Doctor of Medicine will be given, provided, three years have been passed in study under a preceptor, with attendance on two full courses of lectures.

CONNECTICUT.

YALE COLLEGE, MEDICAL DEPARTMENT.

NEW HAVEN, Conn. H. E. SMITH, M. D., Dean of the Faculty.

ORGANIZED in 1810, as the Medical Institution of Yale College. In 1879 a new charter changed the title to the Medical Department of Yale College.

The faculty embraces eight professors, seven lecturers, one demonstrator.

COURSE OF INSTRUCTION: Graded, extending through three years and consisting of three lecture terms annually, the first commences the first Thursday in October and continues eleven weeks; the second begins three weeks after the close of the first and continues twelve weeks; the third begins in April and continues eleven weeks.

Lectures embrace, in the first year, general chemistry, qualitative analysis; medical chemistry and toxicology; anatomy, dissections; normal histology; physiology. The second year, anatomy, dissections; physiology; pathology; materia medica and therapeutics; theory and practice of medicine; clinical medicine; obstetrics; surgery; clinical surgery. Third year, pathology; theory and practice of medicine; physical diagnosis; clinical medicine; surgery; clinical surgery; obstetrics; diseases of women and children ophthalmology; medical jurisprudence; insanity; diseases of the throat and ear; nervous diseases; diseases of the skin.

REQUIREMENTS: For admission, excepting graduates in medicine and those who have passed an examination for admission to Yale College or some similar institution, candidates must present a degree in letters or science from a recognized college or scientific school or pass a written examination in mathematics (algebra to quadratics, two books of Euclid, metric system of weights and measures) and physics (Balfour Stewart's or any equivalent elementary work). These entrance examinations are also held, in Chicago, Cincinnati and San Francisco, on the Thursday following the June commencement. "Students not fully prepared are admitted on condition that the deficiency be made up within a reasonable time." Students of any recognized medical school, or of private preceptors in good standing, "may present themselves for examination three weeks before commencement and enter the examinations of the first one or two years, as they see fit"—the result of such examination determining their admission.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' medical study, "two of which must have been in a recognized medical college and the last of which must have been at this school;" and 4) pass the required examinations in all the studies of the three years' course satisfactorily to the board of examiners. This board consists of the faculty.

FEES: Matriculation (paid once only), \$5; tuition for one year, \$125; for the third year to those who have paid for and attended two full courses, \$75; graduation, \$30; anatomical material, \$5 a part.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1877-78	58	10	17+
1878-79	60	16	26.6
1879-80	32	12	37.5
1880-81	26	10	42+
1881-82	21	2	9.5
1882-83	32	7	21.9
1883-84	43	7	16.3
1884-85	27	6	22+

Average percentage of graduates to matriculates for the past eight years, *twenty-three*.

DISTRICT OF COLUMBIA.**NATIONAL MEDICAL COLLEGE.***(Medical Department of the Columbian University.)*

WASHINGTON, D. C. A. F. A. KING, M. D., Dean, 726 Thirteenth street.

ORGANIZED in 1821, as the Medical Department of Columbian College. It was also authorized to use the title of National Medical College. In 1873 Columbian College became Columbian University. The first class was graduated in 1822. Operations were suspended from 1834 to 1838, and from 1861 to 1863. With these exceptions, classes have been graduated each year since its founding.

The faculty embraces seven professors, one assistant and five demonstrators.

COURSE OF INSTRUCTION: The curriculum of study consists of three graded annual courses of lectures. The regular yearly term began October 5, 1885, and will end March 1, 1886. A spring session is held during April and May.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, toxicology, medical jurisprudence, dermatology, ophthalmology, otology, and diseases of children.

REQUIREMENTS: For admission: "Matriculates will be required to show that they are fitted, by previous education, for the study of medicine, and for this purpose they must either submit themselves to an examination, or in lieu thereof present a satisfactory certificate of their attainments from some college, seminary or high school." Students who have attended one course in any other regular medical school are placed on the same footing as first-course students of this college, and those who have attended two courses are admitted to the third-year class after passing a satisfactory examination on anatomy, physiology, chemistry and materia medica.

For graduation: 1) three years' study; 2) twenty-one years of age; 3) good moral character; 4) attendance on three courses of lectures, and satisfactory examinations at the end of the second and third years; 5) dissection, at least two sessions; and 6) attendance on two courses of clinical instruction.

FEES: Matriculation (paid once only), \$5; lectures, \$100; examination, primary, \$20 final, \$10; demonstrator, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1877-78	53	6	11.3
1878-79	55	11	20
1879-80	56	8	14.3
1880-81	44	5	11.3
1881-82	52	8	15.4
1882-83	79	10	12.6
1883-84	78	14	17.9
1884-85	86	14	16.2

Average percentage of graduates to matriculates for the past eight years, *fifteen*.

REMARKS: "During the session of 1884-85 females were admitted to the Medical Department of the University, with the same privileges in all respects as are accorded to males."

UNIVERSITY OF GEORGETOWN, MEDICAL DEPARTMENT.

WASHINGTON, D. C. J. W. H. LOVEJOY, M. D., Dean, No. 900 Twelfth street, N. W.

ORGANIZED in 1850. First class graduated in 1851; classes have been graduated each subsequent year since.

Faculty embraces seven professors, four clinical professors, two lecturers and a demonstrator.

COURSE OF INSTRUCTION: Graded, extending over three years, and consisting of didactic and clinical lectures, recitations, demonstrations, and of dissecting and other practical manipulation during about seven months of each year. The session for 1885-86 began September 21, 1885, and continues until April 24, 1886.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, laryngology, diseases of children, microscopy, toxicology. Class recitations are conducted by the members of the faculty, one hour every week being devoted to each branch; and at the close of each session class examinations are held upon the subjects of study of each of the three classes.

REQUIREMENTS: For admission, a written preliminary examination upon the ordinary branches of an English education, for the purpose of ascertaining whether the candidate can profitably pursue the technical study of medicine, and of preventing those not qualified from wasting time and money. Graduates of colleges, high-schools and academies, are exempt from this preliminary examination. Students having attended one term at

other medical colleges in good standing, will be admitted to the second course upon passing the examination exacted of students at the end of the first year; and candidates presenting certificates of examination from other medical colleges in good standing are admitted to the respective higher classes without further examination.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) not less than three years' study; 4) three full courses of instruction; 5) two courses of practical anatomy; 6) pass all examinations with required percentage (65).

FEES: Matriculation, (paid but once,) \$5; full course of lectures, \$100; demonstrator, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	40	4	10
1878-79	38	6	16—
1879-80	54	13	24+
1880-81	43	5	11.6
1881-82	30	7	23.3
1882-83	27	4	15—
1883-84	34	7	20.5
1884-85	35	11	31.4

Average percentage of graduates to matriculates during the past eight years, *nineteen*.

REMARKS: Attendance on recitations is obligatory; a record is kept and each student is credited at the end of the course.

HOWARD UNIVERSITY, MEDICAL DEPARTMENT.

WASHINGTON, D. C. CHARLES B. PURVIS, M. D., Secretary, 1118 Thirteenth street, N. W.

ORGANIZED in 1867. The first class graduated in 1871, and classes have been graduated each subsequent year.

The faculty embraces ten professors, two lecturers and a demonstrator.

COURSE OF INSTRUCTION: Comprises lectures, recitations, clinics and practical exercises. The annual course of lectures beginning October 5, 1885, continues five months. Three courses of lectures are required, to complete the curriculum. The student is allowed to devote his first term to anatomy, physiology, chemistry and materia medica, but the second must be given to all the subjects. The school has a summer session of eight weeks beginning in April.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, pharmacy and botany, microscopy, dental surgery and toxicology.

REQUIREMENTS: For admission: Matriculates must be of good moral character; present a diploma from some good literary or high school, or a first grade teacher's certificate, or pass an examination in the English branches; and possess a sufficient knowledge of the Latin language to read and write prescriptions and understand medical terms.

For graduation: 1) twenty one years of age; 2) three years' study, including three courses of lectures; 3) attended clinical lectures and dissections; 4) written and oral examination on required branches; 5) thesis on some subject of original observation.

FEES: Matriculation, \$10; demonstrator, \$5; incidental expenses, \$20; graduating, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	26	9	34+
1878-79	30	10	33+
1879-80	31	13	42—
1880-81	81	13	16+
1881-82	91	16	17+
1882-83	87	31	35+
1883-84	90	22	24.4
1884-85	85	25	29.4

Average percentage of graduates to matriculates during the past eight years, *twenty-seven*.

NATIONAL UNIVERSITY, MEDICAL DEPARTMENT.

WASHINGTON, D. C. H. H. BARKER, M. D., Dean, 1116 H Street, N. W.

ORGANIZED in 1884. The faculty consists of seven professors and one demonstrator.

COURSE OF INSTRUCTION: The second annual session began on the first Monday in October, 1885, and will end the last Thursday in April, 1886. Instruction will be given by lectures, recitations, clinics and practical exercises. "It is deemed advisable to divide

the course of studies into three years, advancing the student as he passes the required examination of his respective class." Students who have begun their professional studies elsewhere are admitted to advanced standing upon passing the necessary examination.

Lectures embrace: First year, anatomy, physiology, general chemistry and materia medica; Second year, practical and topographical anatomy, practical chemistry and toxicology, materia medica and therapeutics, physiology, practice of medicine, surgery, and obstetrics; Third year, practice of medicine, pathological anatomy, surgery, obstetrics, and the diseases of women and children.

REQUIREMENTS: For admission, "All candidates must pass an examination in English, or present a certificate of proficiency in the same from some recognized institution of learning."

For graduation: 1) three years' study; 2) satisfactory examination in all the subjects of the three years' course, "the last of which must have been in this college"; 3) certificate of demonstrator that the necessary dissections of the human body have been made.

FEES: Matriculation (once), \$5; lectures, \$100; demonstrator, \$10.

STUDENTS: Number of matriculates and of graduates for the session of 1884-85, matriculates, 9; graduates, 1; percent. 11.

FLORIDA.

MEDICAL DEPARTMENT, UNIVERSITY OF FLORIDA.

TALLAHASSEE, Fla. J. Kost, M. D., Dean.

ORGANIZED in 1883. The faculty embraces eight professors and one demonstrator.

COURSE OF INSTRUCTION: One annual session—that for 1885-86 opened on the 20th of October, 1885, and will close on the 10th of March, 1886.

Lectures embrace anatomy, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, medical jurisprudence, botany, pharmacy and histology.

REQUIREMENTS: For admission—"Both sexes, of suitable age and of good morals, are eligible for the attendance of lectures by payment of the matriculation and lecture fees."

For graduation: 1) a good moral character; 2) a good English education, as well as a competent knowledge of the natural sciences; 3) three years reading and attendance of medical lectures of two course grade; 4) passing satisfactory examinations and sustaining an original thesis.

FEES: Matriculation, \$5; tuition, \$60; demonstrator, \$5; examination, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	7	4	57
1884-85	20	—	—

Average percentage of graduates to matriculates, *fifteen*.

GEORGIA.

MEDICAL COLLEGE OF GEORGIA.

AUGUSTA, Ga. EDWARD GEDDINGS, M. D., Dean of the Faculty.

ORGANIZED in 1829, as a Medical Academy, and has been in constant operation ever since, except during the period of the war. In 1873 it became the Medical Department of the State University of Georgia.

The faculty embraces seven professors, four professors of special subjects, two assistants to the professors, and one demonstrator of anatomy.

COURSE OF INSTRUCTION: One course of lectures annually, beginning on the first Monday in November and ending on the first of March. Graded course of three terms recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, ophthalmology, otology and pharmacy.

REQUIREMENTS: For admission, none.

For graduation: "A candidate for the degree of Doctor of Medicine must have attended two full courses of lectures in this or some other college in good standing, and pass a satisfactory examination on all the branches taught in this institution."

FEES: Matriculation (paid once only), \$5; tickets, \$75; practical anatomy (paid once only), \$10; diploma, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	48	19	38.9
1882-83	—	23	—
1883-84	85	37	43.5
1884-85	77	34	44.1

Average percentage of graduates to matriculates for the years reported in full, *thirty-eight*.

SOUTHERN BOTANICO-MEDICAL COLLEGE.

FORSYTH—MACON, Ga.

ORGANIZED in 1839 at Forsyth. Removed to Macon in 1846. First class graduated in 1841, and classes were graduated every year until 1854, when the name was changed to the Reform Medical College of Georgia—*vide infra*.

THOMPSONIAN COLLEGE.

BARBOURVILLE, Ga.

ORGANIZED about 1850. Extinct.

SAVANNAH MEDICAL COLLEGE.

SAVANNAH, Ga.

ORGANIZED in 1853. Suspended during the civil war, 1861-66. Extinct since 1880.

REFORM MEDICAL COLLEGE OF GEORGIA.

MACON, Ga.

ORGANIZED in 1854, as the successor of the Southern Botanic-Medical College—*vide supra*. Classes were graduated every year until 1861; suspended during the civil war; resumed in 1867; classes graduated in 1868 and each subsequent year until 1874, when the school assumed the name of the College of American Medicine and Surgery—which see.

ATLANTA MEDICAL COLLEGE.

ATLANTA, Ga. JAMES A. GRAY, M. D., Proctor of the College.

ORGANIZED in 1851. Closed during the rebellion, 1861-65. Reorganized in 1865. Classes were graduated from 1855 to 1861, inclusive, and each subsequent year.

The faculty embraces eight professors, one assistant, two lecturers and one demonstrator.

COURSE OF INSTRUCTION: One course of lectures annually; the twenty-eighth session of which extends from October 7, 1885, to March 1, 1886. A graded course of three years is recommended but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology and diseases of the eye and ear. Instruction is also given in venereal diseases, diseases of the throat, minor surgery, and in laboratory work in chemistry and microscopy, which is optional with the student.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) thesis, or a report of any of the clinics; 6) satisfactory examination on subjects mentioned above.

FEES: Matriculation, \$5; demonstrator, \$10; full course, \$75; graduation, \$30. In compliance with a law, making a donation to the building and apparatus of the college, tickets are yearly given gratis to one student from each congressional district in the State.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	88	23	26+
1878-79	125	34	27+
1879-80	101	43	42+
1880-81	93	31	33+
1881-82	135	56	41+
1882-83	126	39	31—
1883-84	114	48	42.1
1884-85	88	38	43.1

Average percentage of graduates to matriculates for the past eight years, *thirty-six*.

OGLETHORPE MEDICAL COLLEGE.

SAVANNAH, Ga.

ORGANIZED in 1855, and continued its sessions until 1861. Extinct.

COLLEGE OF AMERICAN MEDICINE AND SURGERY.

ATLANTA, Ga.

ORGANIZED in 1874 as successor to the Reform Medical College at Macon. Removed to Atlanta in 1881—*vide supra*. The first class under this name was graduated in 1874. There was no graduating class in 1877-78, 79, '80 or '81. During the session of 1882-3 there was a class of 24 matriculates, of whom 14 were graduated at the close of the session; percentage of graduates to matriculates, *fifty-eight*. In 1884 the institution was merged into the Georgia Eclectic Medical College.

GEORGIA ECLECTIC MEDICAL COLLEGE.

ATLANTA, Ga. JOSEPH ADOLPHUS, M. D., Dean of the Faculty.

ORGANIZED in 1877. The first class was graduated in 1877, and classes have been graduated each subsequent year. The faculty embraces nine professors and one demonstrator.

COURSE OF INSTRUCTION: One course of lectures annually. The session of 1885-86 announced to begin on the first Monday in October, 1885, and continue until the first week in March, 1886. Daily quizzes are held by the faculty. Each member of the graduating class is required to present, once a week, a thesis on some subject already covered by the lectures, and to defend the same.

Lectures embrace physiology, anatomy, chemistry, toxicology, surgery, materia medica, theory and practice of medicine, medical jurisprudence, nervous and venereal diseases, obstetrics, diseases of women and children.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) thesis; 5) must have dissected the best part of the term; 6) "must have been diligent in attending the lectures and clinics;" 7) "thorough examination on the respective branches taught in the college."

FEES: Lectures, \$60; demonstrator, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1881-82	81	24	29.6
1882-83	67	18	27—
1883-84	62	17	27.4
1884-85	69	13	18.8

Average percentage of graduates to matriculates for the years reported, *twenty-six*.

SOUTHERN MEDICAL COLLEGE.

ATLANTA, Ga. WM. PERRIN NICHOLSON, M. D., Dean, P. O. Box No. 234.

ORGANIZED 1879. Faculty embraces nine professors, four lecturers, one assistant to the chair of anatomy and demonstrator.

COURSE OF INSTRUCTION: One annual lecture course, the current session beginning October 6, 1885, and continuing until the first week in March, 1886. Hospital and dispensary clinics are given, and quizzes by the professors to such students as desire them. A graded course of three years recommended, but not required.

Lectures embrace principles and practice of medicine, obstetrics, diseases of women and children, physiology, hygiene, surgery, anatomy, materia medica, therapeutics, toxicology, diseases of the eye, ear and throat, chemistry, venereal diseases, dermatology, and dental surgery.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) "he must have dissected the different parts of the body in this or some other regular school;" 5) "must undergo a personal and satisfactory examination before the faculty—examination must occur at close of session, except in cases of pressing necessity, and then only by unanimous consent of the faculty;" 6) thesis, or report of clinic.

FEES: Matriculation (paid once), \$5; tickets, full course, \$75; demonstrator, \$10; diploma, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1879-80	61	8	12+
1880-81	105	38	36+
1881-82	126	37	29+
1882-83	104	37	35+
1883-84	86	27	31.4
1884-85	89	31	34.8

Average percentage of graduates to matriculates for the years reported, *thirty-one*.

ILLINOIS.

ILLINOIS STATE BOARD OF HEALTH.

SPRINGFIELD, ILL. JOHN H. RAUCH, M. D., Secretary of the BOARD.

ORGANIZED July, 1877. This BOARD, in accordance with the Medical Practice Act of Illinois, grants licenses to practice medicine and surgery within the State.

The first examination of applicants for licenses was held November 1, 1877. Examinations are now held in Chicago or Springfield once annually.

The following are extracts from the act conferring this power—see full text *ante*:

THE STATE BOARD OF HEALTH * * * shall receive through its secretary applications for certificates and examinations. * * * If not a graduate, the person practicing medicine in this State shall present himself before said BOARD, and submit himself to such examination as said BOARD shall require; and if the examination be satisfactory to the examiners, the said BOARD shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

It shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the BOARD; and shall furnish to the county clerks of the several counties a list of all persons receiving certificates.

The STATE BOARD OF HEALTH may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the BOARD.

§ 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused.

§ 9. Examinations may be made wholly or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

All examinations of persons not graduates or licentiates shall be made directly by the BOARD, and the certificates given by the BOARD shall authorize the possessor to practice medicine and surgery in the State of Illinois.

Where the candidates have any special views of theory and practice of medicine or of therapeutics, respect is paid to such views, and they are allowed, upon request, to appear before individual members of the BOARD for special examination in such branches. Examinations are conducted in the English language. If made in another language, interpreters must be furnished at the expense of the applicant.

All candidates must pass a preliminary examination, such as is indicated in the "minimum requirements," and must fill out the following:

Application for Examination before the Illinois State Board of Health, under the Act to Regulate the Practice of Medicine in the State of Illinois.

1. Name in full.
2. Nativity and age—(must be at least twenty-one years of age)
3. Residence and postoffice
4. Time spent in professional studies—(must be at least three years)
5. Physician or preceptor under whom the studies were pursued, with postoffice address—(must be a licentiate of the BOARD or reputable practitioner)

6. Courses of medical lectures attended
 7. Name of medical school attended—(time spent at schools not recognized by the BOARD will not be counted)
 8. Time spent in hospital, if any
 9. Time of practice, if any
 10. School of practice chosen
 11. References as to character—(must present certificate of good character from two licentiates of the BOARD or other reputable practitioners)
- Approved.....188....

President of the BOARD.

Subjects of Examination.

1) anatomy; 2) materia medica; 3) theory and practice; 4) gynecology; 5) physiology; 6) pathology; 7) obstetrics; 8) chemistry; 9) surgery; 10) hygiene; 11) medical jurisprudence.

Eight percent. of correct answers required.

We have examined this applicant and find him to stand as above.

(Signed by the members of the BOARD.)

NUMBER of candidates examined, 661. Number of candidates licensed, 198. Number of licentiates now practicing in the State, 58—the discrepancy being accounted for by the subsequent graduation of the licentiates and by removals. During the past year thirteen candidates applied for examination, only two of whom attained the required standard.

These examinations are independent of those of graduates of colleges that do not fully comply with the Schedule of Minimum Requirements of the BOARD, and which examinations are confined to the branches or subjects omitted by the given college.

RUSH MEDICAL COLLEGE.

CHICAGO, ILL. JAMES H. ETHERIDGE, A. M., M. D., Secretary, 1634 Michigan Avenue.

ORGANIZED in 1842. First class graduated in 1843, and classes have been graduated each year subsequently.

Faculty embraces twelve professors, three professors of special departments, and sixteen adjunct professors, lecturers and assistants and demonstrators.

COURSE OF INSTRUCTION: "Instruction is given in this institution by lectures, clinics, practical work in the dissecting room and laboratories, and by repeated oral examinations. The faculty desire that as many as possible of the matriculates shall pursue their studies in the college through three winter and three spring terms. To encourage this more extended curriculum of college study, final examinations in descriptive anatomy, physiology, chemistry, materia medica and therapeutics are open to three years' students at the end of the second winter session." The forty-third [winter] session began September 22, 1885, and continues twenty-one weeks. The spring session, 1886, begins February 23, 1886, and continues sixteen weeks.

Lectures embrace anatomy, physiology, chemistry, materia medica, surgery, principles and practice of medicine, obstetrics, hygiene, medical jurisprudence, genito-urinary diseases, diseases of women and children, dermatology and venereal diseases, ophthalmology, otology, laryngology, dental pathology and surgery, and toxicology.

REQUIREMENTS: For admission, "A matriculation examination which will include the writing of a brief paper on a subject to be given; and an examination in the elementary principles of physics and mathematics as taught in the public schools of the country will be required. The written paper will be a sufficient indication of the student's knowledge of orthography, as well as of the subject given. Graduates of a literary or scientific college, academy or high school, or who have passed the entrance examination to a literary college in good standing; or persons having a State or county teacher's certificate; or graduates in medicine; or previous matriculates of this college; or students who desire to pursue a special course of study—other than for the purpose of securing the degree—will be exempt from examination. Students who have completed a full course of study equivalent to that required for admission to this college, may, by special arrangement, be admitted on the certificates of their instructors."

For graduation: 1) age, twenty-one years; 2) good moral character; 3) three years' study; 4) two full courses of lectures: "The lectures of the spring term cannot be considered as a *course of lectures* in this requirement;" 5) clinical instruction for two terms; 6) dissection of each region of the body; 7) one course in practical chemistry; 8) "full and satisfactory written or oral examination on each branch taught in the college."

FEES: For the regular winter course—matriculation (good to the following March), \$5; lectures, \$75; demonstrator (till the following March), \$5; chemistry, \$5; final examination (not returnable), \$30. "From alumni of this college, and from its students who have paid for two full courses of lectures, the matriculation fee only (\$5) will be required. From alumni of other recognized medical colleges the matriculation fee and one-half lecture fee will be required." For the annual spring course—matriculation, \$5; lectures, \$20; (this amount will be deducted from the fees of the next following winter session); chemistry, \$5; demonstrator, \$5; hospital and infirmary, \$5. "Graduates of the college are admitted on payment of the matriculation fee only; graduates of other regular medical colleges on payment of matriculation fee and ten dollars."

STUDENTS: Number of matriculates and graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percentage.
1877-78	379	128	33.8
1878-79	364	122	33.5
1879-80	481	147	30.5
1880-81	559	172	30.7
1881-82	583	185	31.7
1882-83	549	183	33.3
1883-84	451	166	36.8
1884-85	419	150	35.8

Average percentage of graduates to matriculates during the past eight years, *thirty-three*.

MEDICAL DEPARTMENT OF ILLINOIS COLLEGE. JACKSONVILLE, Ill.

ORGANIZED in 1843. Suspended lectures in 1848.

REMARKS: The faculty, as given in the catalogues and announcements still extant, embraced six professors, three of whom resided at Jacksonville, one at Springfield, one at Alton, and one at Geneva, Kane county; and who lectured on chemistry, physical anatomy, obstetrics, diseases of women and children, surgical and pathological anatomy, surgery, principles and practice of medicine, materia medica, therapeutics, anatomy and physiology. The course of lectures was of sixteen weeks' duration. The fees were: lectures, \$60; dissection, \$5; matriculation, \$2; graduation, \$20.

The requirements for graduation were: 1) thorough course of study with some practitioner (this course, according to the last catalogue, must extend over three years.) 2) two full courses of lectures, provided, however, that several years of reputable experience in the practice of medicine may be accepted in the place of one course of lectures; 3) full and satisfactory examination in all the branches of medical study; 4) thesis. Students applying for graduation were expected to possess a competent English and classical education. Dissection was optional.

During its existence instruction was given to about seventy-five students, and thirty-seven were graduated.

MEDICAL DEPARTMENT, UNIVERSITY OF ST. CHARLES. ST. CHARLES, Ill.

ORGANIZED in 1817. Annual courses of lectures were delivered until 1848, when the institution was transferred to Rock Island, and subsequently, in 1850, to Keokuk, Iowa, when it became the Medical Department of the University of Iowa, now the College of Physicians and Surgeons of Keokuk, Ia.

ROCK ISLAND MEDICAL COLLEGE. ROCK ISLAND, Ill.

ORGANIZED in 1849. Lectures were delivered during the years 1849-50. College extinct.

CHICAGO MEDICAL COLLEGE.

Medical Department of the Northwestern University.

CHICAGO, Ill. WALTER HAY, M. D., LL. D., Secretary, 243 State street.

ORGANIZED in 1859, as the Medical Department of Lind University, it continued under that name until 1864, when, severing this connection, it assumed the name of the Chicago Medical College. The school entered into its present university relations in 1869.

The faculty embraces eighteen professors, five lecturers and one demonstrator.

COURSE OF INSTRUCTION: Graded, comprising three annual consecutive courses of lectures. The twenty-seventh annual session began September 22, 1885, and ends March 23, 1886. Studies:—First-year course—Descriptive anatomy, physiology, histology, practical microscopy and general chemistry; Second-year course—Surgical anatomy and operative surgery, general pathology and pathological anatomy, materia medica and general therapeutics, state medicine and public hygiene, practical obstetrics, medical chemistry, dermatology, hospital and dispensary clinics;—Third-year course—Theory and practice of medicine and clinical medicine, principles and practice of surgery and clinical surgery, gynecology, diseases of children, ophthalmology and otology, nervous and mental diseases, medical jurisprudence daily, hospital and dispensary clinics and service

as surgical dresser in hospital; Fourth-year course—(optional)—Clinical instruction in medicine, surgery, obstetrics, gynecology, ophthalmology, otology, dermatology, nervous and mental diseases, medical jurisprudence, and more advanced work in microscopic pathology and analytical chemistry.

REQUIREMENTS: For admission, a certificate of graduation from a literary, college, a scientific school or academy, or an examination before a committee of the faculty. Accredited certificates of one year's study entitle holders to enter as second-course students after satisfactory examination in studies of first-year course. Certificates of two years' study and of attendance on one full course of lectures entitle to entry as third-course students after examination in studies of first and second years.

For graduation: 1) evidence of good moral character; 2) three years' study; 3) required age, twenty-one years; 4) attendance upon three courses of lectures, unless admitted to advanced standing by examination; 5) dissection of three parts of the human body; 6) one year of hospital attendance; 7) passing all examinations; 8) satisfactory thesis.

FEES: Matriculation, \$5; lecture fees for first and second collegiate years (the third year being free), \$75; demonstrator, \$5; laboratory, \$5; deposit against breakage in laboratory, \$5; hospitals, \$5 and \$6; final examination, \$50.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	153	50	32.6
1878-79	152	37	24.4
1879-80	148	38	25.6
1880-81	152	45	32.2
1881-82	155	39	25+
1882-83	137	42	30.6
1883-84	114	41	35.9
1884-85	119	41	34.4

Average percentage of graduates to matriculates for the past eight years, *twenty-nine*.

The total number of matriculates in the twenty-seven years of the existence of this college has been 3,001, and the total number of graduates 957. Average percent. of graduates to matriculates (27 years) 31.

REMARKS: This school was the first in the United States to establish a systematic graded course of medical instruction, in accordance with the principles that obtain in all other branches of education. About nine-tenths of its graduates have completed the three-years graded course.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.

CHICAGO, ILL. E. S. BAILEY, M. D., Registrar, 3034 Michigan Avenue.

ORGANIZED in 1859. The first class was graduated in 1860. Classes have been graduated each subsequent year.

The faculty embraces fourteen professors, and three adjunct professors.

COURSE OF INSTRUCTION: One annual graduating course of lectures. The current session began September 22, 1885, and ends February 25, 1886. The plan of teaching is "largely clinical and objective." Daily and weekly quizzes are conducted by the professors in person.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, toxicology, ophthalmology and otology, histology, minor and operative surgery.

REQUIREMENTS: For admission—"Upon application for admission each student must present to the registrar satisfactory evidence of a good English education. Such as are graduates of a literary or scientific college, academy, or high school, or who have passed the entrance examination to a literary college in good standing; who have a county or State teacher's certificate; graduates in medicine; previous matriculates of this college; and students who desire to pursue a special course of study—other than for the purpose of securing the degree—will be exempt from this requirement, providing they furnish this documentary evidence to the registrar. Lacking such credentials from former teachers and preceptors, the students must pass a fair but not a technical examination, before a committee of the faculty appointed for that purpose.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) he must have pursued the study of medicine for at least three years, attended two full courses of lectures and dissected at least two parts or during two courses; 4) satisfactory examination in obstetrics and diseases of women, surgery, principles and practice of medicine, materia medica and therapeutics, physiology, chemistry, anatomy, diseases of the eye and ear.

FEES: Matriculation, \$5; lectures \$50; final examination, \$25; hospital free to matriculates; demonstrator (including material) \$10; perpetual ticket, \$95; Cook county hospital ticket (optional), \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	165	94	56.9
1878-79	197	67	34+
1879-80	205	87	42.4
1880-81	195	100	51+
1881-82	264	108	40.9
1882-83	297	134	45+
1883-84	259	113	43.6
1884-85	244	93	38

Average percentage of graduates to matriculates for the past eight years, *forty-three*.

BENNETT COLLEGE OF ECLECTIC MEDICINE AND SURGERY.

CHICAGO, ILL. MILTON JAY, M. D., Dean, N. W. corner of State and Madison streets.

ORGANIZED in 1868. The first class was graduated in 1869. Classes have been graduated each subsequent year.

The faculty consists of fourteen professors, two demonstrators and four assistants.

COURSE OF INSTRUCTION: Extends over two annual lecture terms, but students electing a three years' graded course will be allowed, at the end of the second year, to enter the final examination upon anatomy, physiology, chemistry and materia medica.—Instruction is imparted by didactic and clinical lectures, daily quizzes and laboratory work. The session of 1885-86 began September 22d, 1885, and continues six months, closing March 23d, 1886. The practitioners' course begins February 8th, 1886, and continues six weeks.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, orthopedy, ophthalmology and otology, diseases of the teeth and adjacent structures, venereal diseases and dermatology, diseases of children, electro-therapeutics, pharmacy, toxicology and insanity.

REQUIREMENTS: For admission—Credible certificates of good moral character, and a good elementary English education, "including mathematics, English composition and elementary physics, or natural philosophy, as attested by the presentation of a diploma of graduation from some literary and scientific college or high school, or a first grade teacher's certificate, or by a creditable examination upon those branches by a committee appointed for that purpose."

For graduation: 1) the candidate must possess satisfactory references as to good moral character and have attained the age of twenty-one years; 2) three years' study; 3) must have attended not less than two courses of lectures, the last of which must have been in this college; 4) must have completed the prescribed course of analytical chemistry and practical anatomy; 5) sustain a satisfactory and honorable examination in every department.

FEES: Matriculation, \$5; lectures, \$50; demonstrator, \$10; analytical chemistry, \$10; examination, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	139	65	46
1878-79	106	29	27
1879-80	123	37	30
1880-81	127	51	40
1881-82	113	33	33
1882-83	147	52	35
1883-84	159	50	31
1884-85	143	37	25.8

Average percentage of graduates to matriculates for the past eight years, *thirty-four*.

EDINBURG UNIVERSITY OF CHICAGO AND ST. LOUIS.

CHICAGO, ILL.

INCORPORATED September 23, 1870, under the general incorporation act of the State. A fraudulent institution, exposed by the ILLINOIS STATE BOARD OF HEALTH, and since defunct. It was also incorporated under the laws of Missouri.

WOMAN'S MEDICAL COLLEGE OF CHICAGO.

CHICAGO, Ill. MARIE J. MERGLER, M. D., Secretary, 29 N. Throop street.

ORGANIZED in 1870. The first class was graduated in 1871. No class was graduated in 1872. Classes have been graduated each subsequent year.

The faculty embraces seventeen professors, three lecturers, one assistant, and two demonstrators of anatomy.

COURSE OF INSTRUCTION: The session of 1885-86 began September 8, 1885, and ends April 6, 1886. A graded course of three years recommended, but not required. Instruction is given by didactic lectures, recitations, clinical lectures, practical work, and attendance on hospitals.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, hygiene, ophthalmology and otology, diseases of children, diseases of the throat and chest, diseases of the nervous system, histology, dental surgery, dermatology.

REQUIREMENTS: For admission—"Students must present, before matriculating, satisfactory proof of a good English education. A certificate of graduation from high school, academy or college, or a teacher's certificate from a county superintendent of schools, will be accepted as sufficient evidence of such education. Students without such credentials will, in every case, be required to pass an examination before a committee of the faculty. Certificates of character are required."

For graduation: 1) twenty-one years of age; 2) three years' study; 3) two full courses of lectures, one of which must have been in this college; 4) two courses in practical anatomy; 5) one course in practical chemistry; 6) one course in hospital clinical instruction; 7) a satisfactory examination.

FEES: Matriculation, \$5; lectures, \$60, demonstrator, \$5; chemical laboratory ticket, \$5; chemicals, \$2; final examinations, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	32	7	22—
1878-79	39	5	13—
1879-80	76	10	13+
1880-81	77	17	22
1881-82	85	23	27
1882-83	79	18	22
1883-84	71	21	29.5
1884-85	74	22	29.7

Average percentage of graduates to matriculates during the past eight years, *twenty-three.*

CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

CHICAGO, Ill. J. R. KIPPAX, M. D., Secretary, 3154 Indiana Avenue.

ORGANIZED in 1876. The first class was graduated in 1877. Classes have been graduated each subsequent year.

The faculty embraces fifteen professors, three lecturers, and one demonstrator.

COURSE OF INSTRUCTION: A regular session of twenty-two weeks' duration, commencing September 29, 1885, and ending February 23, 1886. Three years graded course recommended but not required. A junior and a senior course (two separate and distinct courses) are delivered during each college term. Clinics at hospital and dispensary.

Lectures embrace: Junior year—anatomy, physiology, microscopy, materia medica, chemistry, toxicology, minor surgery, odontology, sanitary science and clinics. Senior year—principles and practice of medicine and surgery, gynecology, pedology, materia medica, obstetrics, ophthalmology and otology, mental and nervous diseases, mental jurisprudence and clinics.

REQUIREMENTS: For admission—"A credible certificate of good moral character, a diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate. Or lacking this, * a thorough examination in the branches of a good English education (including mathematics, English composition, and elementary physics or natural philosophy), before the examining board of the faculty."

For graduation: 1) twenty-one years of age; 2) three years' study; 3) two full courses; 4) practical anatomy to the extent of having dissected every region of the human body; 5) pass all the regular examinations.

FEES: Full course of lectures, including matriculation, \$55; perpetual ticket, \$90; final examination, \$25; partial course, each chair, \$10; demonstrator's ticket, \$5; hospital, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	105	25	23.3
1878-79	110	31	28+
1879-80	86	20	23.2
1880-81	87	25	28.7
1881-82	128	38	29.6
1882-83	125	40	32—
1883-84	134	39	29.1
1884-85	125	22	17.6

Average percentage of graduates to matriculates for the past eight years, *twenty-seven*.

COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO.

CHICAGO, ILL. D. A. K. STEELE, M. D., Secretary, 1801 State street.

ORGANIZED in 1882. The first class was graduated in 1883. The faculty consists of twenty-three professors, seven lecturers and three demonstrators.

COURSE OF INSTRUCTION: The session of 1883-86 commenced September 22, 1885, and continues twenty-two weeks. A graded course of three years recommended, but not required. "Instruction will be given by didactic and clinical lectures, practical work in the dissecting room, clinical and physiological laboratories, and by oral and written examinations."

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, histology, microscopy, dermatology, genito-urinary diseases, dental surgery, orthopedics, ophthalmology and otology, diseases of children, nervous and mental diseases, laboratory work in chemistry and physiology.

REQUIREMENTS: For admission—"No previous reading or study of medicine is required before entering college. Each candidate for admission must be not less than eighteen years of age. He must present to the faculty: 1) a credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate; or, lacking this, he will be required, 3) to pass a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy, before a committee of the faculty."

For graduation: "1) good moral character; 2) attainment of twenty-one years of age; 3) three years' study of medicine under the direction of a regular physician or medical college; 4) attendance upon two full winter courses of lectures in a regular medical college, the last of which must have been in this college; 5) having dissected during two sessions, including dissections of each part of the cadaver; 6) attendance upon two terms of clinical and hospital instruction; 7) satisfactory examinations."

FEES: Matriculation (paid annually), \$5; lectures, \$60; dissecting ticket, \$10; chemical laboratory, \$5; Cook county hospital (compulsory), \$5; eye and ear infirmary (optional), \$5; each of these good for one year; graduation, \$30.

STUDENTS: Number of matriculates and graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	152	52	34.2
1883-84	167	52	31.1
1884-85	167	60	35.9

Average percentage of graduates to matriculates during the past three years, *thirty-four*.

QUINCY COLLEGE OF MEDICINE.

Medical Department of Chaddock College,

QUINCY, ILL. L. H. COHEN, M. D., Secretary, 837 Vermont street.

ORGANIZED in 1882. The faculty embraces eleven professors and one demonstrator.

COURSE OF INSTRUCTION: One lecture session is held annually, extending from the second Tuesday in October to the second Wednesday of March.

Lectures, clinical and didactic, embrace anatomy, physiology, chemistry, materia medica and therapeutics, pharmacy, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, ophthalmology, otology, diseases of the mind and nervous system.

REQUIREMENTS: For admission, "All applicants who can present evidence of a good English education, sufficient to enable them to understand medical literature, and to readily and thoroughly comprehend the necessary technicalities of our profession, are eligible to our class. This may be made apparent by diploma of graduation from a good

literary and scientific college or high school, or lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics." A committee will be appointed for the examination of applicants. Female students admitted on the same conditions as male students.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two courses of lectures; 4) two courses of instruction in anatomy, including dissections and demonstrations; 5) three years' study; 6) a creditable examination in all the branches taught in the institution.

FEES: Matriculation, \$5; lectures, \$40; demonstrator, \$10; examination, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	6	0	—
1883-84	12	4	33.3
1884-85	19	4	21

Average percentage of graduates to matriculates for the two sessions, *twenty-six*.

INDIANA.

AN Act regulating the practice of medicine, surgery and obstetrics, providing for the issuing of licenses to practice, defining certain misdemeanors, and providing penalties.—Approved April 11, 1885.

Section 1. Be it enacted by the General Assembly of the State of Indiana, That it shall be unlawful for any person to practice medicine, surgery or obstetrics in the State without first obtaining a license so to do, as hereinafter provided.

§ 2. Any person desiring to practice medicine, surgery or obstetrics in this State shall procure from the clerk of the circuit court of the county wherein he or she desires to practice a license so to do, which license shall be issued to such person only when he or she shall have complied with the following conditions, to-wit: When such applicant shall file with such clerk his or her affidavit, stating that such applicant has regularly graduated in some reputable medical college, and shall exhibit to such clerk the diploma held by such applicant, or when such applicant shall file with such clerk his or her affidavit, and the affidavit of two reputable freeholders, or householders of the county, stating that he or she has resided and practiced medicine, surgery and obstetrics in this State, continuously, for ten years immediately preceding the date of the taking effect of this act, stating particularly the locality or localities in which he or she practiced during said period, and the date and length of time in each locality, or when such applicant shall file with such clerk his or her affidavit, and the affidavit of two reputable freeholders or householders of the county, stating that he or she has resided and practiced medicine, surgery and obstetrics in this State continuously for three years immediately preceding the date of the taking effect of this act, stating particularly the locality or localities in which he or she practiced during said period, and the date and length of time in each locality, and that he or she had, prior to said date, attended one full course of lectures in some reputable medical college. Such applicant shall pay to such clerk, for such license, the sum of one dollar and fifty cents, and such clerk shall record such license, together with the name of the college in which such applicant graduated, and the date of his or her diploma, in a book to be kept for such purpose, and which shall be a public record.

§ 3. Any clerk who shall issue a license to practice medicine, surgery or obstetrics to any person who has not complied with the requirements of section two of this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in any sum not less than twenty-five dollars nor more than one hundred dollars, and such license or one procured by any false affidavit, shall be deemed and held to be void.

§ 4. Any person who shall practice medicine, surgery or obstetrics in this State without having first procured from the clerk of the circuit court of the county wherein he or she shall so practice a license, as provided in this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in any sum not less than ten dollars nor more than two hundred dollars: *Provided*, that this act shall not be deemed to prohibit women from practicing obstetrics, and such midwives are hereby expressly exempted from its provisions.

§ 5. No cause of action shall lie in favor of any person for services as physician, surgeon or obstetrician who had not, prior to the rendition of such services, procured a license to practice as herein provided for, and any person who shall pay any sum of money or deliver any property for any such services to any person who is not so licensed may recover the same, or the value thereof, in any court of competent jurisdiction in this State.

§ 6. The following shall be the form of license under this act; the clerks of the circuit court shall appropriately fill up the blanks and issue the same under the seal of their respective courts, to-wit:

The State of Indiana,.....County, ss.

I,, clerk of the circuit court of.....county, in said State, do hereby certify that.....has complied with the laws of the State of Indiana, relating to the practice of medicine, surgery and obstetrics, and is hereby authorized to practice medicine, surgery and obstetrics in said county.

Witness my hand and seal of said court, this.....day of.....18....

....., Clerk.

UNIVERSITY OF INDIANA. NEW ALBANY, Ind.

ORGANIZED in 1833. The following history of this, the first fraudulent medical school in the West, is compiled from the minutes of the New York County Medical Society of the date December 16, 1833:

It appears that John Cook Bennett, M. D., L.L. D., chancellor, secretary, etc., of this institution, journeyed to New York city in the summer of 1833, and having appointed two members of the county medical college as assistants, proceeded "to examine candidates and dispense diplomas," the persons usually paying therefor the sum of twenty-five dollars. This proceeding becoming known to the society, a committee was appointed "to investigate and report on the subject of diplomas purporting to be issued by the University of Indiana." The committee reported—

(1) That such an institution was in existence, having been incorporated by an act entitled "An act to incorporate the Christian College, in New Albany, in Floyd county Indiana.

(2) That said college was organized by a meeting of eight persons, at the house of Bennett, in New Albany.

(3) That the said college, under its charter, claims, and probably exercises the right to confer eight different kinds of degrees on males, and seven on females.

(4) That this university embraces seven departments, including a department of medicine.

(5) That John Cook Bennett was bishop and secretary of the general university, and president, chancellor and professor of midwifery in the medical department.

(6) That by a by-law, the bishop was authorized to send out commissioners to confer degrees, etc.

(7) That at the time of issuing the diplomas, this university did not possess buildings, apparatus or facilities of any kind to teach physic and surgery; had not given any full course of instruction, nor had any lectures on medical science been delivered.

And finally, that the charges against the members of the society were true; whereupon the society publicly reprimanded the offenders.

INDIANA MEDICAL COLLEGE. LA PORTE, Ind.

ORGANIZED in 1844. Lectures were continued at this college until 1848, when the institution was removed to St. Charles, Ill., thence to Rock Island, Ill., in 1849, and finally to Keokuk, Iowa, where it remains as the College of Physicians and Surgeons of Keokuk.

MEDICAL COLLEGE OF EVANSVILLE. EVANSVILLE, Ind.

ORGANIZED in 1849. Classes were graduated during the years 1850 to 1854, inclusive, numbering 44 alumni. Lectures were suspended from 1854 to 1871. The college was re-organized in 1871, and classes were graduated from 1873 to 1884, inclusive, when the institution suspended.

PHYSIO-MEDICAL COLLEGE OF INDIANA.

INDIANAPOLIS, Ind. C. T. BEDFORD, M. D., Secretary, 290 Massachusetts Avenue.

ORGANIZED in 1873. The first class was graduated in 1874. Classes have been graduated each subsequent year.

The faculty embraces ten professors, three lecturers and one demonstrator.

COURSE OF INSTRUCTION: The session of 1885-86 began October 7, 1885, and will continue twenty-four weeks, closing March 24, 1886.

Lectures embrace practice of medicine and clinical medicine, surgery, obstetrics, gynecology, diseases of children, materia medica and therapeutics, electrotherapeutics, histology and physiology, general and descriptive anatomy, surgical anatomy, microscopy and pathological histology, chemistry and toxicology, medical jurisprudence, diseases of the rectum, diseases of the eye, ear and throat, and sanitary science.

REQUIREMENTS: For admission:—"All applicants must possess at least a good English education. If an applicant is a graduate of a literary college, or presents a certificate from some scientific school or academy, the same will be accepted as satisfactory evidence, but unaccompanied by the above evidence he or she must sustain a satisfactory examination by a board of censors."

For graduation: 1) Twenty-one years of age; 2) good moral character; 3) must have attended two or more full courses of lectures not delivered in the same twelve months, the last of which must have been in this school; 4) must have attended hospital

clinics, and received clinical instruction during at least two college terms; 5) must have dissected each region of the body; 6) must have at least one course in practical chemistry. Every candidate must undergo a full and satisfactory examination, written or oral, on each branch taught in the college.

FEES: Matriculation, (paid but once) \$5; hospital, \$3; lectures, \$75; demonstrator, \$5 graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	19	8	42+
1878-79	15	7	46+
1879-80	15	8	53+
1880-81	20	10	50
1881-82	24	10	41.6
1882-83	26	17	64
1883-84	21	7	33.3
1884-85	34	12	35.3

Average percentage of graduates to matriculates for the past eight years, *forty-five*.

MEDICAL COLLEGE OF FORT WAYNE.

FORT WAYNE, Ind.

ORGANIZED IN 1876. Classes were graduated in each year from 1877 to 1883, inclusive.

Extinct 1883.

MEDICAL COLLEGE OF INDIANA.

INDIANAPOLIS, Ind. C. E. WRIGHT, M. D., Secretary, 107 N. Alabama street.

ORGANIZED IN 1878, when the Indiana Medical College (organized in 1873) and the College of Physicians and Surgeons of Indiana (organized in 1873) were united to form this college. It was formerly the Medical Department of Butler University, but severed its connection with that institution in 1883.

The faculty embraces twelve professors, four lecturers, six assistants, a curator and one demonstrator.

COURSE OF INSTRUCTION: The sessions of 1885-86 embrace a preliminary term, which began September 15, 1885, and ended September 30, 1885, and a regular session which began October 1, 1885, and continues until February 25, 1886. Systematic daily examinations of the class by members of the faculty are held. Clinics at hospital and college.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, pharmacy, dermatology, syphilis, diseases of the mind and nervous system, laryngology, clinical medicine and surgery, ophthalmology and otology, diseases of children.

REQUIREMENTS: For admission: Candidates, before commencing the first year of study, must present to the faculty a credible certificate of good moral standing; 2) diploma of graduation from a good literary and scientific college, or high school, or first grade teacher's certificate. Or, lacking this, 3) a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

For graduation: "He must produce satisfactory evidence of good moral character, and of having attained the age of twenty-one years. He must file a satisfactory certificate of having studied medicine for at least three years under a regular graduate, or a licentiate and practitioner of medicine in good standing, using the word 'regular' in the sense commonly understood in the medical profession. No candidate shall be eligible for final examination for graduation, unless his term of three years' study shall have been completed, or shall expire at a date not later than three months after the close of the final examination. * * * He must file the proper official evidence that during the above-mentioned three years he has matriculated at some affiliated college or colleges for two regular sessions, and in the course of the same has attended two full courses of instruction. The candidate must have passed a personal examination before the faculty on all the branches of medicine taught in this college."

FEES: Matriculation, \$5; laboratory, \$5; lectures, \$40; demonstrator, \$10; hospital, \$6; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878-79	143	66	46+
1879-80	182	60	33—
1880-81	200	83	41.5
1881-82	164	58	35+
1882-83	131	55	40.4
1883-84	71	43	60.5
1884-85	60	28	46.6

Average percentage of graduates to matriculates for the past seven years, *forty-one*.

CENTRAL COLLEGE OF PHYSICIANS AND SURGEONS.

INDIANAPOLIS, Ind. JOS. O. STILLSON, M. D., Secretary, 199 N. Delaware street.

ORGANIZED in 1879. The first class was graduated in 1880.

The faculty embraces ten professors, one lecturer, one adjunct professor and two demonstrators.

COURSE OF INSTRUCTION: The regular winter session of 1885-86 commenced September 16, 1885, and continues until March 1, 1886. A three-years' graded course is recommended, but not required. Clinical instruction at college and hospital.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, sanitary science, medical jurisprudence, ophthalmology, otology, histology and diseases of the nervous system, clinical medicine and surgery, and genito-urinary diseases.

REQUIREMENTS: For admission, "Students must present, before matriculating, satisfactory proof of a good English education." 1) Credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy. Students who have attended one course of lectures, and practitioners in good standing, are exempt from this requirement.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) three years' study; 4) two full courses of lectures; 5) must pass satisfactory examination in anatomy, including dissections, physiology, chemistry, materia medica, therapeutics, obstetrics, surgery, principles and practice of medicine, clinical medicine.

FEES: Matriculation, \$5; lectures, \$40; laboratory, \$5; demonstrator, \$5; hospital, \$6; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1879-80	42	12	28.5
1880-81	62	17	27.4
1881-82	43	10	23+
1882-83	44	24	54.5
1883-84	28	13	46.4
1884-85	25	11	44

Average percentage of graduates to matriculates for the past six years, *thirty-six*.

FORT WAYNE COLLEGE OF MEDICINE.

FORT WAYNE, Ind. C. B. STEMEN, M. D., Dean, 261 W. Wayne street.

ORGANIZED in 1879. The first class was graduated in 1880.

The faculty embraces sixteen professors, one lecturer and seven assistants.

COURSE OF INSTRUCTION: The collegiate year of 1885-86 began September 15, 1885, and closes March 1, 1886. A three-years' graded course is recommended, but its acceptance optional with the student. Clinics at hospital and college.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, toxicology, ophthalmology and otology, diseases of children, orthopedic surgery, genito-urinary and rectal diseases, mental and nervous diseases.

REQUIREMENTS: For admission, "Each student must present satisfactory evidence, on examination or otherwise, of proficiency in the fundamental branches of an English education. Graduates from a college, academy or high school, or a license to teach in the public schools, will be evidence of such proficiency."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) "satisfactory certificate of having studied medicine three years under a regular graduate or licentiate and practitioner of medicine in good standing. No candidate shall be eligible for final examination for graduation unless his or her term of three years' study shall have been completed, or shall expire at a date not later than three months after the close of the final examination;" 4) two full courses of lectures, not within the same twelvemonth; 5) dissection for one session; 6) instruction in chemistry during one session; 7) must have followed the practice of a hospital; 8) must pass monthly and terminal examinations; premature examination will be granted if good and sufficient reasons are given for requesting it.

FEES: Matriculation, \$5; lectures, \$40; demonstrator, \$5; laboratory, \$5; hospital \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	27	16	59+
1882-83	25	12	48
1883-84	23	10	43.5
1884-85	21	5	23.8

Average percentage of graduates to matriculates for the past four years, *forty-five*.

INDIANA ECLECTIC MEDICAL COLLEGE.

INDIANAPOLIS, Ind. L. ABBETT, M. D., Dean, 31½ Virginia Avenue.

ORGANIZED in 1880. The faculty consists of twelve professors and one demonstrator.

COURSE OF INSTRUCTION: The regular session of 1885-86 began October 1, 1885, and will continue twenty weeks.

Lectures embrace anatomy, physiology, chemistry, materia medica, therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, ophthalmology, otology, electro-therapeutics, psychological medicine, toxicology and pharmacy, diseases of children, diseases of the throat and chest, dermatology.

REQUIREMENTS: For admission, "Every student must show creditable certificates of good moral character, and must possess a diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate; or lacking this a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy."

For graduation: 1) twenty-one years of age; 2) three years' study; 3) two full courses of lectures; 4) must produce evidence of attendance on lectures on practical anatomy; 5) thesis or clinical report; 6) examination on the regular and essential branches of medicine; 7) good moral character.

FEES: Matriculation, \$5; demonstrator, \$5; lectures, \$40; graduation, \$25; laboratory, \$5; hospital, \$6

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1880-81	27	12	44.4
1881-82	19	11	58+
1882-83	24	7	29+
1883-84	31	10	32.2
1884-85	*19	8	42.1

Average percentage of graduates to matriculates during the past five years, *forty*.

HOSPITAL MEDICAL COLLEGE OF EVANSVILLE.

EVANSVILLE, Ind. CHARLES KNAPP, M. D., Secretary.

ORGANIZED in 1882. First class was graduated in 1883.

The faculty consists of nine professors one lecturer and one demonstrator.

COURSE OF INSTRUCTION: The collegiate year of 1885-86 includes a preliminary course of four weeks duration in September, and a regular winter session beginning October 15, 1885, and continuing five months. Clinics at hospital and dispensary.

* Seven of this number are also claimed by the Beach Medical Institute. Deducting these, and the percentage of graduates to matriculates for 1884-85 is 66.6, and for five years is 46.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, genito-urinary diseases, clinical medicine and surgery, diseases of children.

REQUIREMENTS: For admission, "Students entering this college will be required to present—first, creditable certificates of good moral character; second, evidence of a good English education—as such, a diploma from a good literary and scientific college or high school or a first-grade teacher's certificate will be accepted. Lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and natural philosophy."

For graduation: 1) three years of study with a regular physician; 2) two full courses of lectures, the last being at this college; 3) the candidate must have reached his majority and possess a good moral character; 4) he must have dissected three parts of the human body; 5) must pass a satisfactory examination in each of the seven branches taught in this college.

FEES: Matriculation, \$5; lectures, \$40; practical anatomy, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	11	5	45.4
1883-84	11	2	18.1
1884-85	12	6	50

Average percentage of graduates to matriculates for the past three years, *thirty-eight*.

BEACH MEDICAL COLLEGE.

INDIANAPOLIS, Ind.

ORGANIZED in 1883. In 1884 this college was merged into the Indiana Eclectic Medical College.

BEACH MEDICAL INSTITUTE.

INDIANAPOLIS, Ind. WIL. F. WOOD, M. D., Dean, 24 Sentinel Building.

ORGANIZED in 1884. The faculty consists of eight professors, one assistant and one demonstrator.

COURSE OF INSTRUCTION: The regular session of 1885-86 began October 1, 1885, and will continue twenty weeks.

Lectures embrace anatomy, chemistry, physiology, pathology and practice of medicine, obstetrics and diseases of women, surgery, eye and ear, materia medica and therapeutics, medical jurisprudence and diseases of children.

REQUIREMENTS: For admission: 1) "credible certificate of good character; 2) diploma of graduation from a good literary or scientific college or high school; a first class teacher's certificate, or a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics, or natural philosophy."

For graduation: 1) "Twenty-one years of age; 2) three years' study of medicine, attendance at a reputable medical college or colleges equivalent to two courses of lectures, the last of which attendance must be at this institute; 3) a satisfactory examination in all the required branches of medical study."

FEES: First course—Matriculation, \$5; professors' tickets, \$40; demonstrator, \$5; laboratory, \$2. Second course—Matriculation, \$5; professors' tickets, \$40; demonstrator, \$5; laboratory, \$2; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1884-85	*23	8	34.7

REMARKS: The Beach Medical College was merged into the Indiana Eclectic Medical College before the commencement of the lecture course of 1884-85. About six weeks after the lecture course commenced, the Beach element seceded, and organized the Beach Medical Institute, taking with them some of the students.

* Seven of this number of matriculates are also claimed by the Indiana Eclectic Medical College. Deducting these, and the percentage of graduates to matriculates is 50.

IOWA.**COLLEGE OF PHYSICIANS AND SURGEONS.**

KEOKUK, IOWA. J. C. HUGHES, M. D., Dean of the Faculty.

ORGANIZED in 1850; four years after, it became the Medical Department of the University of Iowa, and upon the organization of the Medical Department of the State University of Iowa, at Iowa City, in 1870, the original name was assumed.

The faculty embraces ten professors, one lecturer and one demonstrator of anatomy.

COURSE OF INSTRUCTION: The regular annual session of 1885-86 commenced October 14, 1885, and continues twenty weeks. A three-years' graded course recommended, but not required. Clinics at college infirmary; daily quizzes conducted by the faculty.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery and surgical pathology, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, clinical medicine and surgery, ophthalmology and otology.

REQUIREMENTS: For admission: "A certificate of graduation from a literary college, academy, high school, or first-class teacher's certificate, or a matriculation examination in the branches of a good English education."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) three years' study; 5) no thesis required; 6) satisfactory examination, either oral or written, at the discretion of the faculty, in anatomy, physiology and pathology, chemistry, materia medica, therapeutics, practice of medicine and surgery; 7) must have dissected during two courses.

FEES: Matriculation, \$5; demonstrator, \$5; lectures, \$20; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	266	117	43.9
1881-82	273	126	46+
1882-83	130	54	41.5
1883-84	121	59	48.7
1884-85	93	40	43

Average percentage of graduates to matriculates for the past five years, *forty-five*.

IOWA MEDICAL COLLEGE.

KEOKUK, IOWA.

ORGANIZED in 1858. Extinct since 1860.

STATE UNIVERSITY OF IOWA, MEDICAL DEPARTMENT.

IOWA CITY, Ia. O. T. GILLET, M. D., Secretary of the Faculty.

ORGANIZED in 1870. The first class was graduated in 1871. Classes have been graduated each subsequent year.

The faculty embraces seven professors, one demonstrator, four lecturers and one prosector.

COURSE OF INSTRUCTION: The annual graduating session of 1885-86, began October 7, 1885, and closes March 3, 1886. Two courses of study are provided: a two years' course and a three-years' course, one of which the student is required to select at the beginning of the second year. Daily quizzes; clinics at hospital. Recitations, practical work in laboratory, didactic and clinical lectures constitute the mode of instruction. All students in the advanced classes will receive special practical instruction in physical diagnosis, mechanical obstetrics, application of splints, bandages and surgical dressing.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, insanity, toxicology, ophthalmology and otology.

REQUIREMENTS: For admission—"All candidates for admission to the course of medical lectures must give evidence of a good English education. If the applicant is a graduate of a literary or scientific college, or presents the certificate of having passed the entrance examination of such an institution, or the certificate of graduation from a high school or academy, it will be accepted in lieu of an examination. In any other case, the candidate must pass an examination before a committee of the faculty, as follows: A written composition, not to exceed a page of foolscap, on a given subject, which will be the test of orthography, grammar, etc.; an examination in common arithmetic, history of the United States, in geography and elementary physics, or natural philosophy. Students from other schools not requiring preliminary examinations must present credentials, or be examined for admission.

For graduation: 1) twenty-one years of age; 2) unexceptionable moral character; 3) three years' study; 4) two courses of lectures; 5) satisfactory examination in all the branches taught. In cases where the three-term course is adopted, a certificate of time of study is not an absolute requirement.

FEES: Matriculation, \$5; lectures, \$20; demonstrator, \$10; final examinations, \$25; hospital, \$3.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates-	Percent.
1877-78	82	19	23+
1878-79	92	15	16+
1879-80	126	22	17+
1880-81	149	35	23+
1881-82	151	46	30+
1882-83	162	35	21+
1883-84	142	37	26+
1884-85	116	43	37+

Average percentage of graduates to matriculates for the past eight years, *twenty-five*.

STATE UNIVERSITY OF IOWA, HOMEOPATHIC MEDICAL DEPARTMENT.

IOWA CITY, Ia. A. C. COWPERTHWAIT, M. D., Dean of the Faculty.

ORGANIZED in 1877. The first class was graduated in 1878; classes have been graduated each subsequent year.

The faculty consists of three professors, three lecturers, one curator, and one assistant to the chair of materia medica. The teaching of this department is supplementary, the peculiar views of the school only being taught. The lectures on subjects common to both schools are delivered by the professors in the regular department.

COURSE OF INSTRUCTION: The annual session of 1885-86 commenced October 7, 1885, and closes March 2, 1886. A two-years' course and a three-years' graded course are offered and students are required to select one or the other upon registration.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, ophthalmology and otology, dermatology.

REQUIREMENTS: For admission—Same as in the regular medical department.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) "must have been engaged in the study of practical anatomy and practical chemistry;" 6) satisfactory examination in all the branches taught in the department. "The final examinations will be conducted in writing, by the faculty of the department, subject to approval or rejection by a board of examiners, selected for that purpose from the homeopathic physicians of Iowa. The *ad eundem* degree in this department may be conferred under the following circumstances: The candidate must be in possession of an accredited diploma, and must present letters from two respectable physicians in regard to his moral character and professional standing. An attendance upon lectures from time to time during the session, and a satisfactory examination must be passed on all subjects taught in the department."

FEES: Matriculation, \$5; lectures, \$20; demonstrator, \$10; graduation, \$25; hospital, \$3.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	18	1	5.5
1878-79	32	3	9.3
1879-80	47	9	19+
1880-81	60	16	26.6
1881-82	46	15	32.6
1882-83	44	12	27.2
1883-84	35	12	34.2
1884-85	33	10	30.3

Average percentage of graduates to matriculates for the past eight years, *twenty-five*.

IOWA MEDICAL COLLEGE—Eclectic.

(Medical Department of Drake University.)

DES MOINES, Ia. I. W. SMART, M. D., Dean, 327 East Fifth street.

ORGANIZED in 1881 as the Iowa Eclectic Medical College, Medical Department of Drake University; assumed its present name in 1883. The first class was graduated in 1882.

The faculty embraces ten professors, two assistant professors and three lecturers.

COURSE OF INSTRUCTION: One graduating session of twenty weeks annually. The session of 1885-86 commenced October 1, 1885.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, dental pathology, electro-therapeutics, toxicology, laryngoscopy, diseases of the throat and lungs, clinics at college and dispensary.

REQUIREMENTS: For admission—"Candidates must possess a good elementary English education."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) must have read medicine three years and attended two full courses of lectures, not in the same year; 4) dissection for two terms; 5) satisfactory examination in anatomy, chemistry, materia medica and therapeutics, obstetrics, physiology, practice of medicine and surgery, either written or oral, at discretion of the faculty.

FEES: Matriculation, \$5; lectures, \$25; demonstrator, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
Jan. to June, 1882,	25	7	22+
Sept., 1882, to June, 1883,	19	—	—
Jan. to June, 1883,	19	8	42+
Sept., 1883 to Jan., 1884,	21	4	19+
Jan., to June 1884.*	13	3	23+
1884-85	21	10	47.6

Total number of individuals who have attended lectures at this school, 118; total number of graduates, 32.

Average percentage of graduates to matriculates during the session reported, *forty-two*.

COLLEGE OF PHYSICIANS AND SURGEONS OF IOWA.

DES MOINES, Ia. J. A. BLANCHARD, M. D., Dean of the Faculty.

ORGANIZED in 1882. The first class was graduated in 1883.

The faculty embraces eleven professors, one lecturer and one demonstrator.

COURSE OF INSTRUCTION: The fourth annual session commenced October 6, 1885, and closes March 5, 1886. A three years' graded course recommended, but not required. Clinics at hospital and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, histology, ophthalmology, otology, diseases of children and orthopedic surgery, laryngology, dermatology and genito-urinary diseases.

REQUIREMENTS: For admission—"Students desiring to enter this college shall present: 1st, a creditable certificate of good moral character; 2d, a diploma of graduation from a good literary and scientific college, or high school, or a first grade teacher's certificate; or lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) satisfactory examination in the several branches taught in the college, "and present satisfactory evidence of a preliminary examination in the higher English branches as taught in the high school, academy or college, or be subject to an examination in the same, at the discretion of the faculty;" 6) one course in practical anatomy.

FEES: Matriculation, \$5; lectures, \$45; graduation, \$25; laboratory (optional) \$5; anatomical material at cost.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	9	3	33.3
1883-84	19	8	42.1
1884-85	31	13	42.

Average percentage of graduates to matriculates for the past three years, *forty*.

* Two graduating courses in one year.

KING ECLECTIC MEDICAL COLLEGE.

DES MOINES, Ia. O. H. P. SHOEMAKER, M. D., Dean, 319 Walnut street.

ORGANIZED in 1883. The first class was graduated in 1884.

The faculty embraces nine professors and one demonstrator.

COURSE OF INSTRUCTION: One session annually; the present session began October 8, 1885, and continues twenty weeks. A three-years' grade I course is recommended, but not required. Clinics at the college and hospital.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence and hygiene, toxicology, diseases of the nervous system, ophthalmology and otology, dental pathology and surgery.

REQUIREMENTS: For admission—"No previous reading or study is required before entering college. Students will be admitted without reference to the school of medicine they have attended, or the preceptor with which they have studied; but must have: 1) credible certificates of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate; or, lacking this, must pass a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy before the dean or a committee appointed by him."

For graduation: 1) "Candidates must be twenty-one years old, of good moral character, have read medicine three years and attended two full courses of lectures, not in the same year; or have read two years and attended three courses of lectures; or have attended four courses of lectures without previous reading;" 2) dissected for at least two terms; 3) "they must pass a satisfactory examination in anatomy, chemistry, materia medica and therapeutics, obstetrics and gynecology, physiology, principles and practice of medicine, hygiene and surgery, either written or oral, at the discretion of the dean."

FEES: Matriculation, \$5; lectures, \$25; dissection, \$10; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1883-84	31	9	29+
1884-85	33	5	15.

Average percentage of graduates to matriculates for the past two years, *twenty-two*.

KANSAS.

KANSAS MEDICAL COLLEGE.

INDEPENDENCE, Kansas.

ORGANIZED in 1872. Was in existence three years, and had two graduating classes. Extinct in 1875.

UNIVERSITY OF KANSAS, MEDICAL DEPARTMENT.

LAWRENCE, Kas. J. A. LIPPINCOTT, A. M., D. D., Chancellor of the University.

ORGANIZED in 1880.

COURSE OF INSTRUCTION: Two terms of twenty weeks' duration annually, making a preparatory medical course which is claimed to be "accepted by all the leading colleges of the west as the first of a three-years' course, and students passing examinations in these classes will be admitted to the second year in those colleges on the certificate of the faculty of this institution." The session of 1885-86 began September 9, 1885.

First term—chemistry lectures and recitations daily, for twenty weeks; laboratory practice for twenty weeks; physiology lectures daily, for ten weeks; comparative anatomy, dissections, etc., etc., ten weeks. Second term—chemistry lectures and recitations for twenty weeks; botany recitations and laboratory practice daily, for twenty weeks; physiological chemistry recitations and laboratory practice for twenty weeks; toxicology ten weeks; materia medica recitations and lectures, with laboratory practice, the compounding of drugs, twenty weeks.

REQUIREMENTS: A full collegiate course is recommended for all professional students. Any student admitted to the special course in medicine must be prepared for at least the freshman class in all English studies.

KENTUCKY.**MEDICAL DEPARTMENT OF TRANSYLVANIA UNIVERSITY.**

LEXINGTON, Ky.

ORGANIZED in 1817. Lectures were delivered at Lexington until 1859, when the institution became extinct. From 1850 to 1859 lectures were delivered during the summer only, the winter session being intermitted to establish the Kentucky School of Medicine, at Louisville.

UNIVERSITY OF LOUISVILLE, MEDICAL DEPARTMENT.

LOUISVILLE, Ky. J. M. BODINE, M. D., Dean, Eighth and Chestnut streets.

ORGANIZED in 1837. No lectures were delivered from June, 1862, to June 1863, and no class was graduated in 1863.

The faculty embraces eight professors, one lecturer, one demonstrator and two assistant demonstrators, and five special demonstrators and assistants.

COURSE OF INSTRUCTION: The forty-ninth regular annual session began October 12, 1885, and continues until March 2, 1886. A preliminary session began September 21, 1885, and continued until the opening of the regular session. The spring course for 1886 will commence on the third of March and terminate on the first of July. Clinics given at dispensary and hospitals. Frequent quizzes are conducted by the faculty.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, clinical medicine and surgery, diseases of children, microscopy, diseases of the throat and chest, ophthalmology, otology.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two complete courses of lectures; 5) one course of practical anatomy; 6) one course of clinical instruction; 7) examination on all the branches taught in the college.

FEES: Matriculation, \$5; lectures, \$75; demonstrator, \$10; hospital, \$5; graduation, \$30; special courses on surgical dressings and ophthalmoscopy, etc., \$5 each.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	200	69	34+
1878-79	210	84	40
1879-80	244	95	38+
1880-81	213	100	47+
1881-82	181	96	53+
1882-83	194	68	35+
1883-84	197	84	42.6
1884-85	173	74	42.7

Average percentage of graduates to matriculates for the past eight years, *forty-one*.

KENTUCKY SCHOOL OF MEDICINE.

LOUISVILLE, Ky. WM. H. WATHEN, M. D., Dean, Fourth Avenue and Chestnut Street.

ORGANIZED in 1850. The first class was graduated in 1851. Classes have been graduated each subsequent year.

The faculty embraces eight professors, three lecturers and one demonstrator.

COURSE OF INSTRUCTION: The thirtieth annual session begins February 10, 1886, and will continue twenty weeks. The preliminary session begins February 1 and ends February 10. A three-years' graded course is recommended, but not required. Clinics at hospital and college. "Each professor quizzes the class on his own lectures as they proceed."

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, microscopy, ophthalmology, otology, laryngology, dermatology, venereal diseases, diseases of children, diseases of the rectum, clinical medicine and surgery.

REQUIREMENTS: For admission—"No reading or studying of medicine is required before entering college. Students who fail to bring with them proper evidence of their preliminary education are required to pass a satisfactory examination, before a committee of the faculty, in mathematics, English composition, elementary physics, etc., any student holding a diploma from a good literary or scientific school, or a first-grade teacher's certificate, will be excused from this examination."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures, the interval between the beginning of the first and the close of the second course must be at least fifteen months; 4) "dissection of the several regions of the body;" 5) hospital clinics each year of attendance; 6) one course in practical chemistry; 7) examination on all branches taught in the college. "If, after examination for the degree, he be found to have received three negative votes, he shall be entitled to another examination. Should he decline this, he may withdraw, and will not be considered as rejected. The degree will not be conferred upon any candidate who is often absent from the regular lectures of the college, or who absents himself from the public commencement without special permission of the faculty."

FEES: Matriculation, \$5; demonstrator, \$10; hospital, \$5; lectures, \$75; graduation, \$30; laboratory, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879	136	43	31+
1880	107	43	40+
1882	132	55	41+
1883	158	51	32+
1884	159	55	34.5
1885	120	56	46.6

Average percentage of graduates to matriculates for the past six years, *thirty-seven*.

LOUISVILLE MEDICAL COLLEGE.

LOUISVILLE, Ky. C. W. KELLEY, M. D., Registrar, Second and Green streets.

ORGANIZED in 1869. The first class was graduated in 1870. Classes have been graduated each subsequent year.

The faculty embraces nine professors, two lecturers, one adjunct and one demonstrator.

COURSE OF INSTRUCTION: The collegiate year of 1885-86, which began September 1, 1885, embraces a preliminary course of four weeks and a regular winter session, extending from October 1, 1885, to the last week in February, 1886. Daily quizzes are held by the faculty. "The plan of instruction includes lectures, clinics, quizzes and practical demonstrations."

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, and medical jurisprudence, clinical medicine and surgery.

REQUIREMENTS: For admission:—"A preliminary examination will be required hereafter, as a condition of admission to the regular winter course. Gentlemen who are graduates of a literary or scientific college, academy, or high school, or who have passed the entrance examination to a literary college in good standing; who have a county or State teacher's certificate; graduates in medicine; previous matriculates of this college; and students who desire to pursue a special course of study—other than for the purpose of securing the degree—will be exempt from this examination. The examination will include the writing of a brief paper on a subject to be given; and an examination in the elementary principles of physics and mathematics as taught in the public schools of the country."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures (not within the same twelve months); 5) two courses of hospital clinics; 6) dissection of each region of the body; 7) one course in practical chemistry; 8) satisfactory written or oral examination on each branch taught.

FEES: Matriculation, \$5; demonstrator, \$10; lectures, \$50; examination, \$30; hospital, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	149	70	46+
1878-79	136	61	44+
1879-80	129	56	43+
1880-81	116	54	47+
1881-82	125	54	43+
1882-83	157	51	32+
1883-84	267	76	28.5
1884-85	203	63	31

Average percentage of graduates to matriculates for the past eight years, *thirty-eight*.

HOSPITAL COLLEGE OF MEDICINE.

Medical Department, Central University.

LOUISVILLE, Ky. WM. H. BOLLING, M. D., Dean, Chestnut street, near Preston.

ORGANIZED in 1873. The first class was graduated in 1875. Classes have been graduated each subsequent year.

The faculty embraces eight professors, two lecturers, six assistants, and one demonstrator.

COURSE OF INSTRUCTION: The fourteenth annual graduating course begins January 22, 1886, and ends June 18, 1886. The clinics continue throughout the year.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology and laryngology, toxicology, clinical medicine and surgery, diseases of children, orthopedic surgery, surgical pathology and diseases of the rectum.

REQUIREMENTS: For admission—1) "credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate; or, lacking this, an examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) "satisfactory evidence of having studied medicine for at least three years, under a regular graduate, or licentiate and practitioner of medicine, in good standing, using the word 'regular' in the sense commonly understood in the medical profession. No candidate shall be eligible for final examination unless his term of three years shall have been completed, or shall expire at a date not later than three months after the close of the final examinations;" 4) two complete courses of lectures (not within one and the same year); 5) practical anatomy, two sessions; 6) two courses of clinical and hospital instruction; 7) regular attendance upon the daily lectures, quizzes and clinics; 8) examination on all branches taught in the college.

FEES: Matriculation, \$5; lectures, \$75; demonstrator, \$10; hospital, \$5; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	64	19	29+
1878-79	87	24	27+
1879-80	95	38	40
1880-81	77	31	40+
1881-82	75	36	48
1882-83	87	31	35+
1883-84	57	31	54 4
1884-85	50	26	52

Average percentage of graduates to matriculates for the past eight years, *forty*.

JEFFERSON SCHOOL OF MEDICINE.

LOUISVILLE, Ky.

ORGANIZED in 1882. This school graduated one class (in 1882), and then suspended operations.

LOUISIANA.

TULANE UNIVERSITY, MEDICAL DEPARTMENT.

NEW ORLEANS, La. STANFORD E. CHAILLE, M. D. Dean of the Faculty, P. O. drawer 261.

ORGANIZED in 1831, as the Medical College of Louisiana. Transferred to the Medical Department of the University of Louisiana in 1847. The Civil War caused a suspension during the years 1863, 1864 and 1865. This institution was reopened and its annual course of instruction resumed in October, 1865. In 1884 it assumed its present title.

The faculty embraces seven professors, one lecturer and a demonstrator.

COURSE OF INSTRUCTION: The annual course of instruction in this college, now in its fifty-second year, commenced October 19, 1885, and closes March 27, 1886. A three-years' graded course is recommended, but not required. Daily rounds of the Charity Hospital wards are made by all the professors and chiefs of clinics, accompanied by the students.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, ophthalmology, otology, pharmacy, clinical medicine and surgery, diseases of children,

REQUIREMENTS: For admission, none.—For graduation: 1) good moral character; 2) twenty-one years of age; 3) three years' study; 4) two complete courses of dissection; 5) thesis; 6) pass satisfactory examination.

FEES: Matriculation, \$5; lectures, \$140; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1880-81	*204	41	20
1881-82	*220	456	25.4
1882-83	*212	73	34.4
1883-84	*212	170	33--
1884-85	192	64	33

Average percentage of graduates to matriculates for the years reported, *twenty-nine*.

NEW ORLEANS SCHOOL OF MEDICINE, NEW ORLEANS, La.

ORGANIZED in 1856. Extinct since April, 1870.

CHARITY HOSPITAL MEDICAL COLLEGE. NEW ORLEANS, La.

ORGANIZED in 1873. Extinct since 1877.

MEDICAL DEPARTMENT OF THE NEW ORLEANS UNIVERSITY.

MEDICAL DEPARTMENT OF STRAIGHT UNIVERSITY.

NEW ORLEANS, La.

"Both are for colored students, and open to males and females. I do not know that any medical diplomas have actually been issued from either. If so, we could not recognize them here, for they certainly have not given such courses of instruction as to qualify men or women to practice medicine." (*Official letter, Louisiana State Board of Health.*)

MAINE.

MEDICAL SCHOOL OF MAINE, AT BOWDOIN COLLEGE.

BRUNSWICK, Me. ALFRED MITCHELL, M. D., Secretary.

ORGANIZED in 1820. The first class was graduated in 1820. Classes have been graduated each subsequent year.

The faculty embraces nine professors and two demonstrators.

COURSE OF INSTRUCTION: One annual course of lectures of twenty weeks' duration, commencing February 4, 1886, and ending June 24, 1886. Clinics are given once a week. Daily examinations are made by the faculty.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, hygiene and histology.

REQUIREMENTS: For admission—"Candidates for matriculation will be required to give evidence that they possess a good English education. Those who are graduates of colleges, normal schools, high schools, or who have passed the entrance examination to any recognized college, on presentation of their diplomas or matriculation tickets, will be exempt from examination."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study under a regular practitioner, and two full courses of lectures; 4) satisfactory written and oral examination on subjects of the lectures; 5) thesis; 6) "dissection of not less than two parts."

FEES: Matriculation, \$5; lectures, \$78; graduation, \$25; laboratory, \$10.

* Includes pharmacy students. † Includes pharmacy graduates.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878	94	25	26.6
1879	99	31	31.3
1880	105	22	21—
1881	115	30	26+
1882	104	28	27—
1883	94	28	29.7
1884	99	33	33.3
1885	66	14	21.2

Average percentage of graduates to matriculates for the past eight years, *twenty-seven*.

PORTLAND SCHOOL FOR MEDICAL INSTRUCTION.

PORTLAND, Me. C. O. HUNT, M. D., Registrar.

ORGANIZED in 1855. No diplomas are conferred. "The aim of the school is to afford to medical students greater facilities for obtaining a higher grade of professional education than can usually be given under the direction of a single preceptor."

The faculty embraces ten instructors and one demonstrator.

COURSE OF INSTRUCTION: Two terms of fifteen weeks each, annually.

Systematic recitations will be held in anatomy, materia medica and therapeutics, theory and practice of medicine, chemistry and obstetrics.

Lectures embrace, in addition to the foregoing subjects, physical diagnosis, minor and operative surgery, gynecology, physiology and dentistry.

REQUIREMENTS: For admission—"Students will be required to satisfy the instructors that they are possessed not only of a good common-school education, but also of such familiarity with the Latin language as may be acquired by the study of Harkness's Introductory Latin Book, and of a knowledge of physics equal to that which may be got from Norton's Elements of Natural Philosophy."

FEES: For summer term, \$35; for winter term, \$40; for the year, \$60; demonstrator, \$7.

ECLECTIC MEDICAL COLLEGE OF MAINE.

LEWISTON, Me.

ORGANIZED in 1881, to "supply a demand for Eclectic medical teaching in New England."

The faculty embraces eight professors, two of whom are not medical men.

COURSE OF INSTRUCTION: The fifth lecture session begins January 5, 1886, and continues sixteen weeks.

Lectures embrace anatomy, chemistry, materia medica and specific medication, physiology and mental diseases, theory and practice of medicine, principles and practice of surgery, obstetrics and gynecology, medical jurisprudence and clinical medicine and surgery.

REQUIREMENTS: For admission, "Students who wish to matriculate, will present to the dean in matriculating a certificate from their preceptor in regard to the time when they commenced study; also a certificate from their preceptor, or from the municipal authorities of the town or city in which they belong, that they sustain a good moral character." It is *expected* also that they will be graduates of a high school, normal school, academy or college, or possess a good common-school education.

For graduation: "Candidates for the degree of Doctor of Medicine must give the faculty satisfactory evidence that they have studied medicine *three full years* under the tuition of a physician who is himself a graduate of some chartered medical college, attended two full courses of medical lectures, present a certificate of good moral character, present to the dean, with the graduating fee, two weeks at least before the close of the session, an original thesis upon some medical topic, and pass a satisfactory examination in anatomy, physiology, surgery, chemistry, obstetrics, materia medica, therapeutics, theory and practice of medicine and medical jurisprudence." "N. B.—*If any student can show that he has attended two full courses of medical lectures at some other chartered medical college, studied three full years, possesses a good moral character and can pass a successful examination in all the branches taught in this college, they will be entitled to a diploma from this institution.*"

FEES: Matriculation, \$5; lectures, \$75; demonstrator's ticket, \$10; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	23	3	13
1882-83	38	14	37
1883-84	24	7	29
1884-85	10	11	110

REMARKS: In the first years of its existence this institution evidently acted in good faith, but from the above statement, taken from its last announcement, and from other information obtained, it does not appear to be doing so at the present time. It has been repudiated by the Maine Eclectic Medical Society, the Massachusetts Eclectic Medical Society and the National Eclectic Medical Society. A movement is now on foot to have its charter annulled, and this should be done as soon as possible.

MARYLAND.

SCHOOL OF MEDICINE OF THE UNIVERSITY OF MARYLAND.
BALTIMORE, Md. L. McLANE TIFFANY, M. D., Dean, 137 Park Avenue.

ORGANIZED in 1807, as the Medical College in the City of Baltimore. In 1812, faculties of law, theology and arts were added, and the whole chartered under the name of the University of Maryland. The degree of M. D. was first conferred in 1810, and degrees have been conferred each year since.

The faculty embraces eleven professors, four lecturers, five demonstrators, three pro-sectors, and ten dispensary physicians and chiefs of clinics.

COURSE OF INSTRUCTION: The seventy-ninth annual session began October 1, 1885, and closes about March 20, 1886. Clinical lectures, introductory to the regular session, were held throughout September. A three years' course recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, toxicology, ophthalmology, otology, diseases of the throat and chest, diseases of children, diseases of the nervous system, dermatology, clinical medicine and surgery, and dentistry.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) two full courses of lectures; 3) thesis; 4) evidence of attendance on clinical lectures on medicine and surgery; 5) practical anatomy course; 6) good moral character; 7) faithful and regular attendance on lectures and clinics; 8) examination in all the branches taught.

FEES: Matriculation, \$5; lectures, \$120; demonstrator, \$10; graduation, \$30. "In accordance with a usage which has arisen in other schools, a number of scholarships have been created, to which are appointed students unable to pay the full rates. The holders of these scholarships pay only \$50 for the professors' tickets."

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	135	49	36.2
1878-79	131	53	40+
1879-80	173	66	48+
1880-81	193	73	37.9
1881-82	197	73	37.8
1882-83	203	97	47.7
1883-84	188	74	39.3
1884-85	200	75	37.5

Average percentage of graduates to matriculates for the past eight years, *thirty-nine*.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE.

BALTIMORE, Md.

ORGANIZED in 1827, as the Medical Department of Washington College, Pennsylvania. The first class was graduated in 1828, and classes were graduated under the auspices of Washington College until 1840, when the Maryland Legislature empowered the institution to assume the above title. Lectures were delivered and classes graduated until 1851, when it became extinct. In 1867 the institution was reorganized and lectures were thence delivered until 1877, when the institution was merged into the College of Physicians and Surgeons, Baltimore (*vide infra*.)

COLLEGE OF PHYSICIANS AND SURGEONS.

BALTIMORE, Md. THOMAS OPIE, M.D., Dean, 197 North Howard street.

ORGANIZED in 1872. The first class was graduated in 1873. Classes have been graduated each subsequent year. In 1877 the Washington University School of Medicine was united with this college.

The faculty embraces ten professors, two auxilliary professors, six lecturers and six demonstrators.

COURSE OF INSTRUCTION: Two courses of lectures are given during the year. The winter graduating session of 1885-86 began October 1, 1885, and will end March 15, 1886. The spring course begins March 15, 1886, and continues until June 15. A three-years' graded course is recommended, but not required. Clinics in hospitals and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, pharmacy, dental surgery, diseases of the chest and throat, diseases of children, diseases of the nervous system, genito-urinary diseases, pathological histology, orthopedic surgery, and clinical medicine and surgery.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) good English education; 4) three years' study; 5) satisfactory examination.

FEES: Lectures, \$120; graduation, \$30; spring term, \$15. "In order to place the facilities of this school within the reach of the qualified, but poor young men of our country, and in conformity with the usage of the times, we receive a number of *privileged students*, at half the regular fees."

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	165	65	39.9
1878-79	211	80	38—
1879-80	336	110	37.7
1880-81	328	143	43.6
1881-82	346	158	45.7
1882-83	322	109	33.9
1883-84	400	127	31.7
1884-85	426	155	36.3

Average percentage of graduates to matriculates for the past eight years, *thirty-seven*.

BALTIMORE MEDICAL COLLEGE.*

BALTIMORE, Md. WILLIAM LEE, M. D., Dean, S. E. cor. Eutaw and Hoffman streets,

ORGANIZED in 1881. The first class was graduated in 1882. Dissensions occurring in the faculty of this school caused its disruption after the close of the session of 1883-84; both factions issuing announcements for the session of 1884-85 as the "Baltimore Medical College." They were distinguished as "A" and "B" in the last report—see pp. 41-42 of Conspectus.

The faculty of the present college embraces twelve professors, two lecturers and one demonstrator. The lecturer on principles and practice of dental surgery is unassigned.

COURSE OF INSTRUCTION: The fifth annual session opened on October 1, 1885, and will continue until the latter part of March, 1886. A spring session, commencing in April, 1886, and ending June 1, 1886, will be held for those wishing to continue their studies.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, ophthalmology, otology, diseases of throat and chest, oral surgery, insanity, and diseases of children.

REQUIREMENTS: For admission, none.

For graduation: 1) two courses of lectures; 2) good moral character and twenty-one years of age; 3) satisfactory examination upon the prescribed course; 4) thesis.

FEES: Matriculation, \$5; demonstrator, \$10; lectures, \$120; graduation, \$30. "In accordance with the custom of other schools, such students as are unable to pay the full fees will be admitted at a charge of fifty dollars for the general ticket."

* Distinguished in last Report as "Baltimore Medical College "A." See Baltimore University School of Medicine—further on.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	46	17	38.2
1882-83	52	20	38.4
1883-84	28	14	50
1884-85	25	8	32

Average percentage of graduates to matriculates for the past four years, *thirty-nine*.

WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

BALTIMORE, Md. RICHARD HENRY THOMAS, M. D., Dean, 207 N. Howard street.

ORGANIZED in 1882. The first class was graduated in 1883.

The faculty embraces eight professors, five lecturers, one demonstrator, three instructors and eleven clinical assistants.

COURSE OF INSTRUCTION: One annual graduating session; that of 1885-86 began October 1, 1885, and continues until the 1st of May, 1886. The course of study is graded and a three-years' course is recommended, but students are allowed, upon preceptor's certificate of twelve months' medical study, to pursue a two years' graded course.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, principles and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, ophthalmology and otology, diseases of throat and chest, diseases of children, pharmacy, clinical medicine and surgery.

REQUIREMENTS: For admission—"Every student on entering this institution will be required to present 1) a credible certificate of good moral character; 2) a diploma from a respectable institution of learning or a first grade teacher's certificate. Lacking this, she must pass a satisfactory examination before a committee of the faculty on the usual elementary English branches taught in public schools, viz: English grammar, history, geography, arithmetic, elementary physics and composition."

For graduation: 1) twenty-one years of age; 2) three full courses of lectures, or two full courses of lectures after one year's study under a preceptor; 3) one full dissection; 4) evidence of having attended the clinics; 5) examination on all the branches; 6) good moral character.

FEES: Matriculation, \$5; lectures, \$50; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	19	1	5.2
1883-84	22	5	22.7
1884-85	9	4	44.4

Average percentage of graduates to matriculates for the past three years, *twenty*.

BALTIMORE UNIVERSITY SCHOOL OF MEDICINE.*

BALTIMORE, Md. Z. K. WILEY, M. D., Dean, 195 W. Lombard street.

ORGANIZED in 1884. Owing to causes mentioned in the account of the Baltimore Medical College, a lawsuit followed, which terminated in a compromise, whereupon the Baltimore Medical College, known as "B" in last Conspectus, immediately procured a charter under the name of the Baltimore University School of Medicine, but too late to issue any announcement under that name for the session of 1884-85.

The faculty embraces twelve professors, one demonstrator and three clinical assistants.

COURSE OF INSTRUCTION: One annual graduating session; that of 1885-86 opened October 1, 1885 and will terminate about the 15th of March, 1886. A short course of preliminary lectures preceded the regular term.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics, gynecology, microscopy, diseases of throat and lungs, nervous diseases, ophthalmology and otology, diseases of women, diseases of children, and dermatology.

REQUIREMENTS: For admission—"Students must be possessed of good moral character, and, unless matriculates of some literary institution or medical college, will be required to furnish sufficient evidence of possessing a good English education."

* Announced in last Report as *Baltimore Medical College "B."*

For graduation: Candidates must have attended at least two courses of lectures. "The fitness of a candidate for graduation will be based upon good moral character and regular attendance upon instruction afforded by the college, and upon the result of a final examination, to be determined by a majority of all the votes of the faculty."

FEES: Matriculation, \$5; demonstrator, \$10; lectures, \$120; graduation, \$30. "As is the custom in some of the other medical schools, students who are unable to pay the full fees of the college will be admitted at a charge of \$50 per session."

STUDENTS: Number of matriculates and of graduates at the first session, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1884-85	15	6	40

JOHNS HOPKINS UNIVERSITY, MEDICAL DEPARTMENT.

BALTIMORE, Md. D. C. GILMAN, LL. D., President of the University.

A PRELIMINARY course of training for young men who propose to pursue the study of medicine, was instituted in 1877. Physics, chemistry and biology, with Latin, German, French and English, form the principal elements of this course, with opportunities for study of psychology, logic, history, and other branches of knowledge, according to the requirements of the scholar.

"Opportunities are here afforded to a young man, who expects at a later day to take up the study of medicine, to become proficient in laboratory work while acquiring a knowledge of German and French, and continuing his general education. A course is arranged, in which physics for the first year, chemistry for the second, and biological study of plants and animals for the third year, are the dominant topics. At the close of this course the student should have become proficient in a knowledge of the physical and chemical laws which underlie the conditions of life; he should have become familiar with the structure and functions of living things in their normal and healthy condition; he should have become skilled in the use of the microscope and other physiological apparatus; and so, when he enters the school of medicine he should know that he has been well prepared for the study of disease and of its treatment, by a training in fundamental sciences which has not only exercised his eye and hand, but has accustomed his mind to accurate habits of observation and inquiry." This course is one of seven groups of studies which lead to the university degree of Bachelor of Arts.

The latest official utterance with respect to the organization of the Medical Department is as follows: "It is generally known that since the beginning of this university a medical school has been projected. Now that the large Johns Hopkins Hospital approaches completion, and thirteen admirable buildings are being fitted for their humane purposes, the thoughts of the administration are constantly occupied with the provisions here to be made for advancing those departments of knowledge which pertain to the relief of suffering, the prevention of disease and the promotion of physical well-being. It is for this reason that already so much attention has been given to the biological sciences and to courses of study which may fit young men for the successful prosecution of their subsequent professional work. We are nearly ready to take the next steps forward. Two sorts of professors are called for in such a medical school as we propose to establish,—those who give all their time to the development of some branch of medical science without engaging in practice; and those who, by the constant observation and treatment of disease at the bedside, are best fitted for practical instruction and clinical advice. With the university professors of chemistry and biology, and the medical adviser of the hospital, a professor of pathology is now associated, and negotiations are in successful progress with a professor of therapeutics who may be expected to join the staff a year or more hence. On another occasion the trustees will have the opportunity of presenting these gentlemen to the profession of Baltimore. At the present time, I will only say that Dr. W. H. Welch, (the professor of pathology just referred to), is already here. To his previous acquisitions, which were of the highest order, he has added a year of observation and study in Europe,—a year when more than ever before the nature and causes of disease have been considered by the ablest physicians under circumstances most favorable for the ascertainment of truth; and we anticipate that he will contribute to the organization of our school of medicine wise counsel, wide knowledge, and the heartiest desire to promote the welfare of his fellow-men by laborious investigations upon the nature of human ailments."

It is now thought that the medical school will open in the Autumn of 1887. The gentlemen below named constitute the nucleus of the medical faculty.

DANIEL C. GILMAN, LL. D., president; H. NEWELL MARTIN, Dr. Sc., M. D., professor of physiology; IRA REMSEN, M. D., Ph. D., professor of chemistry; WILLIAM H. WELCH, M. D., professor of pathology; JOHN S. BILLINGS, M. D., LL. D., lecturer on public hygiene; WILLIAM T. COUNCILMAN, M. D., associate in pathology.

MASSACHUSETTS.

HARVARD UNIVERSITY, MEDICAL SCHOOL.

Boston, Mass. H. P. BOWDITCH, M. D., Dean, Boylston and Exeter streets.

ORGANIZED in 1782. The first class was graduated in 1783, and classes have been graduated in each subsequent year.

The officers of instruction are ten professors, eight assistant professors, one curator, four demonstrators, one assistant demonstrator, six instructors, one lecturer, ten assistants to chairs, and fourteen special clinical instructors. The faculty consists of the professors, assistant professors and other officers of instruction appointed for a longer term than one year.

COURSE OF INSTRUCTION: Instruction in this school is given by lectures, recitations, clinical teaching and practical exercises, uniformly distributed throughout the academic year. The year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. The course of study recommended by the faculty covers four years, but the degree of Doctor of Medicine continues to be given upon the completion of three years of study. The degree of Doctor of Medicine *cum laude* is given to candidates who have pursued a complete four years' course, and obtained an average of 75 per cent. in all the examinations of this course; and a certificate of attendance on the studies of the fourth year will be given to such students desiring it as shall have attended the course, and have passed a satisfactory examination in the studies of the same.

The division of studies in the three-years' course is as follows: First year—anatomy, physiology, general chemistry, materia medica and hygiene. Second year—practical and topographical anatomy, medical chemistry, pathological anatomy, clinical medicine, surgery and clinical surgery. Third year—therapeutics, obstetrics, theory and practice of medicine, clinical medicine, surgery, clinical surgery, ophthalmology, dermatology, syphilis, otology, laryngology, mental diseases, diseases of the nervous system, diseases of women, diseases of children, and forensic medicine.

In the four-years' course, the first and second years' studies are the same as in the three-years' course; and in the third year of the four-years' course attention is confined to therapeutics, obstetrics, theory and practice of medicine, clinical medicine, surgery and clinical surgery. During the fourth year the subjects are ophthalmology, otology, dermatology, syphilis, laryngology, mental diseases, diseases of the nervous system, diseases of women, diseases of children, obstetrics, clinical and operative obstetrics, clinical medicine, clinical and operative surgery, forensic medicine and hygiene.

Opportunities for original research are offered to advanced students and graduates in the laboratories of anatomy, physiology, chemistry, histology and pathology. Facilities for clinical study are afforded in the Massachusetts General Hospital, the Boston City Hospital, the Massachusetts Charitable Eye and Ear Infirmary, the Marine Hospital at Chelsea, the Boston Dispensary and the Free Hospital for Women. There are twenty-five appointments annually for *internes* in the various hospitals, and as many more for assistants in the out-patient departments.

REQUIREMENTS: "All candidates for admission, except those who have passed an examination for admission to Harvard College, must present a degree in letters, science or medicine from a recognized college or scientific school, or pass an examination in the following subjects: 1) every candidate will be required to write, legibly and correctly, an English composition of not less than two hundred words, and also write English prose from dictation; 2) the translation of easy Latin prose; 3) a competent knowledge of physics; 4) each candidate must pass an approved examination in any *one* of the following subjects: French, German, the elements of algebra or plane geometry, botany. "Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the advanced classes must pass an examination in the branches already pursued by the class to which they seek admission, and furnish a satisfactory certificate of time spent in medical studies. No student shall advance with his class, or be admitted to advanced standing, until he has passed the required examination in the studies of the previous year, or a majority of them; nor shall he become a member of the third class until he has passed all the examinations of the first, in addition to a majority of those in the second year."

For graduation: "Every candidate must be twenty-one years of age, and of good moral character; must give evidence of having studied medicine three or four full years; must have spent at least one continuous year at this school; must have presented a satisfactory thesis, and have passed the required examination." Written examinations on all the main subjects of instruction are distributed, for regular students, through their entire course of study. "In addition to these written examinations, each student is required to present a written report of the analysis of a solution containing inorganic substances, and of a specimen of urine, to examine and report upon a clinical case in surgery, and to take charge of and report upon two cases in obstetrics; each student must also have satisfactorily dissected the three parts of the body."

FEES: Matriculation (payable once only), \$5; lectures, full year, \$200; one-half year, \$120; special courses, \$15 to \$30 each.

Six scholarships of the value of \$200 or \$30 are annually awarded to needy and deserving students.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	227	47	20.7
1878-79	253	70	27.6
1879-80	263	45	17.1
1880-81	251	60	23.9
1881-82	233	77	33+
1882-83	229	74	32.3
1883-84	243	59	24.2
1884-85	249	60	24+

Average percentage of graduates to matriculates for the past eight years, *twenty-five*.

BERKSHIRE MEDICAL COLLEGE (*Medical Department of Williams College*).

PITTSFIELD, Mass.

ORGANIZED in 1843. Lectures were delivered until 1867, when the college became extinct. During its existence 1138 students were graduated.

WORCESTER MEDICAL COLLEGE—*Eclectic*.

WORCESTER, Mass.

ORGANIZED in 1848. In 1857 it was decided to remove this school to Boston, where one course of lectures was given (1857-58). It was moved back to Worcester again the following winter, and became extinct in 1859.

NEW ENGLAND FEMALE MEDICAL COLLEGE—*Homeopathic*.

BOSTON, Mass.

ORGANIZED in 1848. Lectures were delivered and classes graduated until 1874, when it was merged into the Boston University School of Medicine, (*vide infra*).

BOSTON UNIVERSITY SCHOOL OF MEDICINE—*Homeopathic*.

BOSTON, Mass. J. TISDALE TALBOT, M. D., Dean, 66 Marlborough street.

ORGANIZED in 1873. The first class was graduated in 1874. Classes have been graduated each subsequent year. In 1874 the New England Female Medical College was united with this school.

The faculty embraces eleven professors, thirteen lecturers, three assistants, and one demonstrator.

COURSE OF INSTRUCTION: The school year is divided into three terms, as follows: The first term began October 8, 1885, and continues to December 23, 1885; the second term begins January 4, 1886, and continues to March 12, 1886; the third term begins March 22, 1886, and continues to June 2, 1886. A three-years' graded course is required, and a four-years' graded course is recommended. The degrees of Bachelor of Medicine and Bachelor of Surgery are granted to students of the four-years' course at the end of the third year. To each term and each year certain studies are assigned, in which the student is required to become proficient, as shown by examination, before entering upon more advanced studies.

The arrangement of studies for the three-years' course is as follows: First year—anatomy, physiology, general chemistry, microscopy, histology, methodology of medicine and dissections. Second year—medical chemistry, minor surgery, surgical anatomy, surgery and surgical pathology, general pathology and pathological anatomy, special pathology and therapeutics, materia medica and pharmacutics, obstetrics, gynecology, pedology, ansculation and percussion, laryngology and diseases of the throat, and sanitary science. Third year—operative surgery, general pathology and pathological anatomy, special pathology and therapeutics, materia medica, practical and operative obstetrics, ophthalmology and otology, dermatology, insanity and nervous diseases, medical jurisprudence, "ethics and esthetics," clinics and clinical reports in various departments, thesis.

In the four-years' course the studies of the first year are the same as in the three-years' course; special dissections, histology and microscopy are substituted for gynecology and pedology in the second year; operative surgery, practical and operative obstetrics, materia medica, special pathology and therapeutics, general pathology and pathological anatomy, pedology, gynecology and clinics occupy the third year; and the fourth year continues materia medica, clinics and clinical reports, and takes up ophthalmology, otology, dermatology, insanity, nervous diseases, medical jurisprudence, "ethics and esthetics," and dispensary practice.

REQUIREMENTS: For admission, "Candidates who have taken their first degree in arts, philosophy or science are admitted without examination. All others, before matriculation, are examined in the following branches: 1) in orthography, English composition and penmanship, by means of a page written at the time and place of examination; 2) in arithmetic, geography and English grammar, if there be any doubt whether the candidate has sufficient attainment therein; 3) in elementary physics, by an examination in Stewart's Primer of Physics; 4) in Latin, by requiring a translation from Harkness's Latin Reader at sight. Candidates must be at least nineteen years old, or, if they intend to pursue a four-years' course, within six months of nineteen."

For graduation: "Candidates for the degree of Bachelor of Medicine or Bachelor of Surgery must have studied medicine three full years, the last of which was in this school, and must have passed examinations in all the branches of the first three years of the four-years' course in this school with a minimum average of eighty per cent." Candidates for the degree of Doctor of Medicine must be twenty-one years of age and of good moral character; must have studied medicine at least three years under competent instruction; must have attended at least three full and reputable courses of lectures, the last in this school; and must sustain a satisfactory examination, an average of seventy per cent, being required from all the chairs in order to enable a student to graduate. The candidate must also furnish a thesis in which shall be cited the authorities for all statements of fact and opinion advanced, other than original, and these latter he must be prepared to publicly defend.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	169	48	25.4
1878-79	149	35	23.5
1879-80	127	35	27.6
1880-81	110	26	23.6
1881-82	110	29	26.3
1882-83	109	30	27.5
1883-84	97	34	35
1884-85	91	26	28.5

Average percentage of graduates to matriculates for the years reported, *twenty-seven*.

COLLEGE OF PHYSICIANS AND SURGEONS.

BOSTON, Mass. W. H. FALES, M. D., Register, 733 Tremont street.

ORGANIZED in 1880. The first class was graduated in 1881.

The faculty embraces nine professors, nine lecturers, four instructors, one demonstrator, and three clinical assistants.

COURSE OF INSTRUCTION: The college term for the season 1885-86 began on the second Wednesday in November, and ends on the second Wednesday in May. Course of study is graded and extends over three years, but three courses of lectures are not absolutely demanded. Instruction consists of didactic lectures with demonstrations, clinical teaching, recitations and practical teaching on subjects involving manipulation.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, diseases of the nervous system, ophthalmology and otology, histology, dermatology, laryngology, diseases of children, orthopedic surgery, clinical medicine, clinical surgery, genito-urinary diseases.

REQUIREMENTS: For admission, "Candidates for matriculation will be required to give evidence that they possess a good moral character, and a good English education, including elementary physics (heat, light and electricity). Persons who have studied medicine with a regular physician one or more years, or who have attended one full course of lectures at a recognized medical college, or students who have taken two full courses of lectures, may be admitted to the second or third year's course after examination in the branches of the first course. Women are admitted upon the same terms as men."

For graduation: 1) twenty-one years of age; 2) thesis; 3) three years' study; 4) two full courses of lectures; 5) dissected three parts; 6) fulfill all requirements of laboratory work; 7) satisfactory examination; 8) an acquaintance with the Latin language sufficient for a good medical and surgical education.

FEES: Matriculation, \$5; lectures, \$85; demonstrator, \$5; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1880-81	24	—	—
1881-82	49	11	22.4
1882-83	31	10	16.6
1883-84	44	6	13.6
1884-85	45	5	11.1

Average percentage of graduates to matriculates during the last four years, *nineteen*.

NEW ENGLAND UNIVERSITY OF ARTS AND SCIENCES.

BOSTON, Mass.

Fraudulent.—Extinct. After the repeal of the charter of the New England University of the Arts and Sciences, of New Hampshire, diplomas were sold bearing the same name, but dated at Boston instead of at Manchester, N. H. This continued until the summer of 1881, when another expose was made by the ILLINOIS STATE BOARD OF HEALTH, which resulted in putting a stop to the further sale of these diplomas.

BELLEVUE MEDICAL COLLEGE OF MASSACHUSETTS.

BOSTON, Mass.

ORGANIZED in 1880. A fraudulent institution, exposed by the ILLINOIS STATE BOARD OF HEALTH in 1882. In 1883 the charter was repealed.—See below.

MEDICAL DEPARTMENT OF THE AMERICAN UNIVERSITY OF BOSTON.

FIRST MEDICAL COLLEGE OF THE AMERICAN HEALTH SOCIETY.

EXCELSIOR MEDICAL COLLEGE.

THE exposure, in November, 1882, by the ILLINOIS STATE BOARD OF HEALTH, of the fraudulent Bellevue Medical College of Massachusetts, led to the correction of a flagrant abuse in connection with the issuing of medical diplomas in Massachusetts. The "Bellevue" was organized under the "Public Statutes relating to *Manufacturing* and other Corporations," and its officers, on the trial which resulted from the exposure referred to, pleaded that they were legally incorporated, and were empowered by the laws of Massachusetts to issue diplomas and confer degrees without any restriction as to course of study or professional attainments. The United States Commissioner, before whom the trial was had, held the plea to be valid, and dismissed the case, with the following remarks:—

"The State has authorized this college to issue degrees, and it has been done according to legal right. * * * The law makes the faculty of the college the sole judges of eligibility of applicants for diplomas. There is no legal restriction, no legal requirements. *If the faculty choose to issue degrees to incompetent persons, the laws of Massachusetts authorize it.*

As a result of this decision, the "American University of Boston," and the "First Medical College of the American Health Society," were incorporated under the same authority as the "Bellevue;" and the "Excelsior Medical College" and others were projected. The passage, (June 30, 1883), of an act forbidding any corporation, organized under the public statutes above referred to, from conferring medical degrees or issuing diplomas, or certificates conferring or purporting to confer degrees, unless specially authorized by the Legislature so to do, deprived these concerns of the only object of their creation, namely, the sale of fraudulent diplomas.

This action and the exposure which led thereto, resulted in breaking up the sale of diplomas in Boston.

MICHIGAN.

UNIVERSITY OF MICHIGAN, DEPARTMENT OF MEDICINE AND SURGERY.

ANN ARBOR, Mich. A. B. PALMER, M. D., Dean of the Faculty.

ORGANIZED in 1850. The first class was graduated in 1851. Classes have been graduated each subsequent year.

The faculty embraces eleven professors, six assistants to the professors, two demonstrators, one instructor and curator, one house physician and surgeon, and one ward master in the University Hospital.

COURSE OF INSTRUCTION: The thirty-sixth annual session began October 1, 1885, and will end in the last week of June, 1886, continuing nine months, and being divided into two semesters. At the end of each semester written examinations are held. The course of study is graded and extends over three years, but the student will be examined in the studies of the first year without attendance upon lectures. "The students are examined often upon the subjects of the lectures in progress either by the professors or assistants."

Lectures embrace: First year, human and comparative anatomy, embryology, histology, physiology, chemistry, botany, physiological chemistry, study of bacteria, and materia medica and therapeutics. Second year, continuation in review of anatomy, histology, physiology, chemistry, and materia medica and therapeutics, with electro-therapeutics, pathology and practice of medicine, surgery and obstetrics. Third year, practice of medicine, sanitary science, surgery, obstetrics and the diseases of women and children, ophthalmology and otology, and laryngology, with clinical medicine and surgery and clinical gynecology. "The above list will be understood to include all special studies that appertain to, and form an essential part of, the general subjects enumerated."

REQUIREMENTS: For admission—1) eighteen years of age; 2) good moral character; 3) no previous study of medicine required for admission, but candidates will be examined as to their elementary education, and their fitness to pursue properly and profitably the technical study of medicine. The examination will be in writing. The candidate will be asked to give an account of his previous educational advantages, and will be examined on the following:

1st—A good English education, comprising a competent knowledge of arithmetic, spelling, grammar, the art of composition, and a respectable acquaintance with English literature, such, for instance, as may be found in Shaw's Manual of English Literature, or other similar work.

2d—A competent knowledge of political and physical geography, such as is contained in advanced school geographies and in Guoyt's Physical Geography.

3d—An outline of the history of modern civilized nations, and especially of American history, such as may be found in manuals of history.

4th—A competent knowledge of elementary zoölogy, including an acquaintance with the characteristics of the principal divisions of the animal kingdom. Packard's Zoölogy may be cited as an illustration of a work to be studied.

In addition to the above requirements, *which alone* will be insisted upon, it is recommended as being desirable that students obtain such a knowledge of the Latin language as will enable them to read and write correctly current or ordinary prescriptions, and appreciate the technical language of the natural sciences and of medicine. It is also considered highly desirable that they have a general grammatical knowledge of the German and French languages. A similar knowledge of Greek will also be serviceable, and is highly recommended.

Graduates or matriculates of a university or college, or of any academy or high school, persons holding certificates from any public school board as being properly qualified as teachers, and persons having certificates, based upon an examination by some recognized medical society, of being properly qualified to engage in the study of medicine, will not be required to pass the above examination.

For graduation: "To be admitted to the degree of Doctor of Medicine, a student must be twenty-one years of age and possess a good moral character; he must have completed the required course in practical anatomy and practical chemistry, and, unless the full course of study has been taken in this college, he must have been engaged in the study of medicine for the period of three years, including the time spent in attendance upon lectures. He must also have passed satisfactory examinations on all the studies included in the full course of instruction; or, if admitted to advanced standing, he must have attended at least two full courses of medical lectures, the last of which was in this college, and must have passed the required examinations."

FEES: Matriculation, for residents of Michigan, \$10; for non-residents, \$25, to be paid but once. Lectures, for residents of Michigan, \$25; for non-residents, \$35. Graduation for all alike, \$10; demonstrator, \$20; laboratory, \$15.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	296	98	33+
1878-79	329	104	31.6
1879-80	310	91	26
1880-81	380	99	26
1881-82	380	90	23.7
1882-83	366	117	32
1883-84	328	85	25.9
1884-85	334	80	23.9

Average percentage of graduates to matriculates, *twenty-seven*.

DETROIT MEDICAL COLLEGE.

DETROIT, Mich.

ORGANIZED IN 1868. The first class was graduated in 1869. Classes were graduated each subsequent year until its consolidation, in 1885, with the Michigan College of Medicine to form a new institution—the Detroit College of Medicine—which see.

During its existence as a separate organization it had classes of matriculates and of graduates as follows:

Session.	Matriculates.	Graduates.	Percent.
1879-80	118	27	23—
1881-82	48	11	23—
1882-83	58	13	22.4
1883-84	75	25	33.3
1884-85	52	19	36.5

Average percentage of graduates to matriculates for five years, *twenty-seven*.

DETROIT HOMEOPATHIC MEDICAL COLLEGE.

DETROIT, Mich.

ORGANIZED in 1871.—Extinct since 1876.

UNIVERSITY OF MICHIGAN HOMEOPATHIC MEDICAL COLLEGE.

ANN ARBOR, Mich. HENRY OBETZ, M. D., Dean of the Faculty.

ORGANIZED in 1875. The first class was graduated in 1877. Classes have been graduated each subsequent year.

The faculty embraces five professors, two lecturers, two assistants to chairs, and a resident physician and surgeon in hospital. Five professors of the department of medicine and surgery (regular school) give instruction to homeopathic students.

COURSE OF INSTRUCTION: One annual session; that of 1885-86 began October 1, 1885, and will end the last of June, 1886. The course is graded, extending over three years, although two courses *may* suffice under certain conditions (see requirements for graduation). Daily quizzes by the assistants of the several chairs.

Lectures as follows: The first year of the course will include anatomy, histology, general chemistry, minor surgery, materia medica, principles of medicine, preparation of medicines and their action, descriptive and anatomical botany, clinics, physical diagnosis, with the necessary practical work in the chemical and physiological laboratories. This year's work in materia medica will be devoted to teaching the source, nature, origin and method of preparing remedies, with their physiological action, and a general survey of their pathogenesis. In the second year the above studies, excluding histology and minor surgery, will be reviewed, and the student will take up general and special therapeutics, in connection with materia medica, diseases of women and children, with clinical work, materia medica, qualitative chemistry and analysis of urine, pathological anatomy, principles and practice of medicine (including hygiene or preventive medicine), principles of surgery, and ophthalmology and otology. The materia medica work of this year will consist of special analyses and syntheses of drug-provings. In addition, the student will attend such didactic and clinical lectures on the practical branches as his progress shall render advisable. In the third year the student will enter upon the study of operative surgery, electro-therapeutics, spinal diseases and curvatures, and review obstetrics, materia medica, diseases of women and children, the principles and practice of medicine, and ophthalmology and otology, and receive practical instruction in diagnosis and treatment, both theoretical and clinical.

REQUIREMENTS: For admission—1) eighteen years of age and good moral character; 2) unless already a matriculate of the university, or a graduate of some respectable college, academy or high school, or possessing a first grade teacher's certificate, every candidate will be examined as to his previous education and his fitness to enter upon and appreciate the technical study of medicine. The diploma or certificate of graduation from such institutions must be presented to the dean of the faculty in order to secure exemption from examination. The examination will be in writing, and will cover the ordinary branches of an English education.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) must have attended at least seventy-five per cent. of the regular lectures; 5) must have spent the required time in practical anatomy, chemical analysis, etc., in the various laboratories and hospitals; 6) must have attended the usual quizzes and drills by the assistants of the several chairs; 7) must also have passed satisfactory examinations in all the studies included in the curriculum; or, if admitted to advanced standing, he must attend at least *two full courses* of medical lectures in this college, and pass the required examinations. Students who have completed full college courses for the first and second years in an accredited medical college will be permitted, upon examination, to enter the third year and complete the studies of that year in this department, and to present themselves for examination for the degree at the end of the year. Students who have attended one full course of lectures in any accredited medical college previous to 1880 will be admitted to advanced standing in the course required in this department, and may be graduated on the conditions in force prior to that date. Students who have studied medicine elsewhere at least one college year, and who possess superior qualifications, may be admitted, on examination, to advanced standing.

FEES: Matriculation, for residents of Michigan, \$10; for non-residents, \$25, (paid but once). Lectures, for residents of Michigan, \$25; for non-residents, \$35. Graduation, for all alike, \$10. Course in chemical laboratory, \$15; in physiological laboratory, \$1; in electro-therapeutics, \$1; in anatomy, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	73	22	30+
1878-79	63	25	40—
1879-80	70	18	25.7
1880-81	88	23	26
1881-82	71	15	21+
1882-83	57	17	29
1883-84	55	20	36.3
1884-85	34	6	17.6

Average percentage of graduates to matriculates for the past eight years, *twenty-eight*.

MICHIGAN COLLEGE OF MEDICINE.

DETROIT, Mich.

ORGANIZED in 1880. The first class was graduated in 1881, and classes were graduated each year subsequently until the college was consolidated, in 1885, with the Detroit Medical College to form the Detroit College of Medicine—which see.

During its existence as a separate organization it had classes of matriculates and graduates as follows:

Session.	Matriculates.	Graduates.	Percent.
1880-81	—	28	—
1881-82	72	26	28
1882-83	55	28	50.9
1883-84	71	27	38+
1884-85	70	21	30

Average percentage of graduates to matriculates for five years, *thirty-six*.

DETROIT COLLEGE OF MEDICINE.

DETROIT, Mich. THEO. A. MCGRAW, M. D., President of the Faculty.

ORGANIZED in 1885 by the consolidation of the Detroit Medical College and the Michigan College of Medicine, and incorporated by act of legislature, June, 1885.

The faculty embraces twenty-eight professors and eight assistants, two lecturers and two demonstrators.

COURSE OF INSTRUCTION: The regular session began September 23, 1885, and will close March 23, 1886. The spring session will begin March 29, and close June 15, 1886.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, state medicine and hygiene, otology, ophthalmology, dermatology, laryngology, clinical medicine and surgery, genito-urinary diseases, dental surgery, diseases of children and orthopedic surgery.

REQUIREMENTS: For admission—"All matriculates of the Detroit College of Medicine will be required to show, on examination, a satisfactory knowledge of the English branches. In place of this examination the college will accept the degree of A. B., B. S., Ph. D., certificates of having passed the entrance examination of any incorporated literary college, or any recognized medical college in which an examination is required for admission; also certificates of having graduated at any high school or academy."

For graduation: 1) evidence of good moral character; 2) twenty-one years of age; 3) three years study of medicine; 4) two full courses of lectures; 5) dissected every part of the cadaver; 6) a satisfactory course of practical work in the chemical laboratory and in the physiological laboratory; 7) practical clinical work for one term in hospital and out-door clinics; 8) thesis.

FEES: Matriculation, \$5; lectures, \$50; hospital, \$10; graduation, \$25.

MINNESOTA.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF MINNESOTA, AND
MEDICAL EXAMINING BOARD.

MINNEAPOLIS, Minn. PERRY H. MILLARD, M. D., Secretary of the Faculty, Stillwater, Minn.

ORGANIZED in 1883. The faculty embraces nine professors. This department is organized by the regents of the University, under their charter empowering them to grant degrees in medicine. The law regulating the practice of medicine in Minnesota, makes this faculty also the State Medical Examining Board, with powers and duties similar to those conferred upon the STATE BOARD OF HEALTH OF ILLINOIS by the Illinois medical practice act—that is, to examine into the qualifications of those practicing medicine in the State not exempt from the provisions of the act by reason of length of practice, and to issue certificates entitling to such practice: 1) to those who establish the fact of graduation from a legally chartered medical institution in good standing; and 2) to those who, not being graduates of such institutions, pass a satisfactory examination by said board.

As the faculty of the medical department of the University, they examine and recommend to the regents candidates for the University degrees in medicine and surgery. No instruction is offered in this college. The faculty is an examining body only. Examinations include: 1) the entrance examination; 2) the scientific examination; 3) two or more professional examinations.

"I. The entrance examination embraces the English language, including writing, spelling, grammar, analysis and composition, arithmetic, elementary algebra, plane geometry, geography, United States history, general history, Latin grammar and reading, or an equivalent knowledge of German, French or Scandinavian.

"II. The scientific examination embraces physical geography, natural philosophy, elementary botany, chemistry, drawing-free-hand or mechanical.

"III. The professional examinations embrace anatomy, physiology, pathology, materia medica, therapeutics, medical chemistry, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women, diseases of children, diseases of the nervous system, medical jurisprudence."

DEGREES: All candidates who pass the entrance, scientific and professional examinations, including the appropriate clinical and experimental tests incidental thereto, and give satisfactory evidence of having pursued professional studies as required by the by-laws, being twenty-one years of age or upwards, and of good moral character, are recommended by the faculty of the college to the board of regents to receive the degree of Bachelor of Medicine (M. B.), which degree duly conferred is the warrant of the University of Minnesota for the practice of medicine and surgery.

Whenever the examinations in any case evince a high degree of proficiency in the literature, theory and practice of medicine, the faculty of the college permit the candidate to present and defend a thesis. This being done to their satisfaction, they recommend the candidate to receive at once the full degree of Doctor of Medicine, (M. D.)

Any Bachelor of Medicine of this University who furnishes satisfactory evidence that he has been actively engaged in professional practice for three years after his graduation, and who presents and defends a thesis in the manner prescribed, is recommended to receive the degree of Doctor of Medicine (M. D.)

Doctors of Medicine or other colleges of medicine recognized by the board of regents, upon the recommendation of the faculty of this college, are recommended to receive the degree of Doctor of Medicine of this University, upon successfully defending a thesis in the manner prescribed.

All candidates for the first degree must furnish satisfactory evidence that they have severally pursued the study of medicine for four years in the office of and under the personal direction of a physician in active practice, who is a graduate of some college or school of medicine recognized by the board of regents, upon the recommendation of the faculty of this college. *Provided, however, that—*

(1.) One course of lectures, with other work incidental thereto, in a college of medicine recognized as above, shall be reckoned as equivalent to eight months of such study.

(2.) One term of six months in a school of medical instruction, organized and conducted in conformity with the by-laws, shall be equivalent to one year of such study under a preceptor.

(3.) Three courses of lectures, with work incidental thereto, in colleges of medicine recognized as above, shall be equivalent to three years of study under a preceptor; one year at least must, in all cases, have been passed in a preceptor's office.

(4.) Graduates of colleges and universities receive a credit of one year on professional study, in consideration of superior literary and scientific attainments.

The faculty of this college have authority to provide examinations for candidates for licenses in sanitary science, dental surgery and other specialties. Only Bachelors or Doctors of Medicine can become such candidates. All theses must be upon subjects approved by the faculty, must be founded on original work, and certified as the unaided productions of the candidates.

Applicants for degree of M. B. and number of graduates—

Session.	Applicants.	Graduates.	Percent.
1884	7	2	28.5
1885	15	2	13.3

Average percentage of graduates to applicants, *eighteen.*

MINNESOTA HOSPITAL COLLEGE.

MINNEAPOLIS, Minn. F. A. DUNSMOOR, M. D., Dean of the College.

ORGANIZED in 1881 as the successor of the St. Paul Medical College, founded in 1878. Reorganized in 1885 under its present title.

COURSE OF INSTRUCTION: The collegiate year embraces a spring reading course of three months, which commences the first Monday in April, and a regular session, which begins the first Monday in October and lasts five months. A graded course is recommended, but not required. Instruction is imparted by lectures, recitations, practical work in laboratories and demonstrations, and by hospital and dispensary clinics.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, clinical medicine and surgery, dermatology, diseases of children, toxicology, nervous diseases, orthopedic surgery, genito-urinary diseases, medical and surgical dentistry.

REQUIREMENTS: For admission—"Before matriculation the student must pass an examination in the common English branches, including reading, writing, spelling, grammar, geography, arithmetic, and elements of physics. Candidates having a degree in arts or sciences, or presenting a certificate from a high school or other institution in good standing, or a teacher's certificate, will be admitted without examination."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) dissection of each part of the cadaver; 4) thesis; 5) three years' study; 6) two full courses of lectures.

FEES: Matriculation, \$5; lectures, \$50; spring course, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	25	5	20
1882-83	58	4	7
1883-84	50	7	14
1884-85	51	19	37.2

Average percentage of graduates to matriculates for the last four years, *nineteen*.

ST. PAUL MEDICAL COLLEGE.

St. PAUL, Minn. LEGRAND N. DENSLOW, M. D., Secretary of the Faculty.

ORGANIZED in 1885, the present college is a reorganization, of the school of the same name founded in 1873, but which during the past five years has been associated with the Minnesota Hospital College.

The faculty embraces nineteen professors, four adjunct professors and one demonstrator.

COURSE OF INSTRUCTION: The session of 1885-86 began October 5, 1885, and ends March 6, 1886.

Lectures embrace diseases of women, principles and practice of surgery, practice of medicine, clinical surgery of genito urinary diseases, diseases of the mind and nervous system, ophthalmology and otology, diseases of the skin, and syphilis, clinical medicine and hygiene, obstetrics, anatomy, physiology, laryngology, chemistry and toxicology, pathological and histological anatomy, orthopedic surgery, diseases of children and medical jurisprudence.

REQUIREMENTS: For admission—"An entrance examination will be required of all applicants for admission who are not able to present a diploma from a high-school or college, or "teacher's certificate." This examination will include mathematics, English composition and elementary physics or natural philosophy."

For graduation: 1) three full courses of didactic lectures on anatomy, physiology, chemistry, materia medica and therapeutics, obstetrics, surgery and practice of medicine; 2) complete dissection of each part of the body; 3) must have studied medicine three years, be twenty-one years of age, certificate of good moral character; 4) thesis; 5) the requirement of three courses of lectures will not apply to students who have already taken one full course of lectures at the Minnesota College Hospital prior to March, 1885.

FEES: Matriculation, \$5; lectures, \$50; practical anatomy, \$10; graduation, \$25; spring course, \$25.

MINNESOTA.

WINONA MEDICAL SCHOOL.

WINONA, Minn.

ORGANIZED in 1872.—Extinct. No diplomas were issued. It was a school of instruction.

MISSOURI.

STATE BOARD OF HEALTH OF MISSOURI.

St. LOUIS. GEO. HOMAN, M. D., Secretary of the Board.

REORGANIZED July 2, 1885, having been then in existence two years. The provisions of the acts creating the Board and defining its duties and powers are, in all material points, the same as those in Illinois. Its standard of recognition of Medical Colleges as in good standing, is also the same as that established by the Illinois Board.

The Board has, since its reorganization, pursued the policy of issuing licenses to practice, or certificates, only to graduates—their compliance in every particular with existing requirements being insisted upon. The granting of certificates to non-graduate applicants, after examinations held by the Board to test their fitness to practice, is viewed with disfavor; and by a resolution passed at the meeting held in October, 1885, it was declared as the sense of the Board that this feature of the law should be repealed by the Legislature—it being deemed provisional in nature and no longer beneficially operative;

the course advised being that those seeking the legal right to practice in the State should prepare themselves in, and be duly vouched for as to fitness by, accredited medical schools before coming before the Board for official recognition and license.

The possession by the Board of delegated police power, and its judicial exercise in the regulation of medical practice, the licensing of practitioners, the refusal to issue certificates to applicants guilty of unprofessional or dishonorable conduct, and the revocation of licenses for such cause have been fully sustained and confirmed by the Supreme Court of the State in a decision rendered in December, 1884.

In the exercise of its discretion in the determination of what shall be held to constitute unprofessional or dishonorable conduct in physicians, the Board is declared to be beyond the reach of mandatory authority; and the same view is affirmed in regard to its power to deal with medical colleges, provided no element of discrimination in favor of or against particular systems or schools, legalized by the State, enters into its decisions.

MISSOURI MEDICAL COLLEGE.

ST. LOUIS, MO. T. F. PREWITT, M. D., Dean, corner Twenty-second and Olive streets.

ORGANIZED in 1840 as the Medical Department of Kemper College. In 1845 it became the Medical Department of the University of Missouri. In 1855 it assumed its present name. The first class was graduated in 1841. It was suspended during the war, and no students were graduated in 1862, '63, '64 or '65. It is sometimes called, after its founder, The McDowell Medical College.

The faculty embraces twelve professors, two adjunct professors, two lecturers, three demonstrators, and one clinical assistant.

COURSE OF INSTRUCTION: The forty-fifth regular graduating course began October 1, 1885, and will continue five months; the spring course begins about the first of March, and continues nearly three months. A three-years' graded course is recommended, but not required. Clinics are given at hospitals and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, histology, clinical medicine, clinical surgery, diseases of the nervous system, diseases of children, pharmacy and microscopy.

REQUIREMENTS: For admission—"A preliminary examination will take place in accordance with the rules of the State Board, as follows: 1) creditable certificate of good moral standing; 2) diplomas of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures, and attendance upon clinics and dissections so long as a student of this college; 4) a satisfactory examination.

FEES: Matriculation, \$5; lectures, \$60; graduation, \$30; demonstrator, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	240	97	40.4
1878-79	225	90	40
1879-80	300	120	40
1880-81	265	123	46.4
1881-82	235	125	53
1882-83	210	86	41
1883-84	252	103	40.8
1884-85	309	88	28.4

Average percentage of graduates to matriculates during the past eight years, *forty-one*.

ST. LOUIS MEDICAL COLLEGE.

ST. LOUIS, MO. J. S. B. ALLEYNE, M. D., Dean, 3132 Washington Avenue.

ORGANIZED in 1841, as the Medical Department of the St. Louis University. In 1855 it was chartered as an independent institution under its present name. The first class was graduated in 1843. Classes have been graduated each subsequent year.

The faculty embraces ten professors, ten lecturers, three demonstrators, two clinical assistants and a prosector of anatomy.

COURSE OF INSTRUCTION: The college year of 1885-86, embraces a spring and winter session. The former began on March 9, 1885, and continued eleven weeks. The winter graduating course began September 21, 1885, and continues until March 1, 1886. The course of studies extends over a period of three years, and is graded.

Lectures embrace: First term, chemistry, chemical laboratory practice, anatomy, surgical anatomy, dissections, histology, histological demonstrations, physiology, materia medica—Second term, chemistry, anatomy, surgical anatomy, dissections, physiology, materia medica and therapeutics, pathological anatomy, principles and practice of medicine, medical clinics, clinics for diseases of children, surgical clinics. Third term, surgical anatomy, dissections, principles and practice of medicine, principles and practice of surgery, ophthalmology, obstetrics, diseases of women, diseases of children, hygiene and forensic medicine, medical clinics, children's clinics, surgical clinics, ophthalmic clinics, gynecological clinics, clinics for diseases of the genito-urinary organs, obstetrical out-clinics.

REQUIREMENTS: For admission—"All students entering the college will be required to pass a satisfactory examination in the branches of a good English education, including English grammar, orthography and composition, mathematics, and elementary physics. Students who present a diploma or certificate of graduation from a literary or scientific college or a high school, or first grade teacher's certificate, shall be exempt from this preliminary examination." Students who have attended other accredited schools may obtain advanced standing by passing the examinations of the proper year.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) must have attended three regular courses of lectures; 5) examination in chemistry, anatomy, physiology, materia medica, therapeutics, principles and practice of medicine, clinical medicine, surgery, obstetrics, hygiene and forensic medicine, pathological anatomy.

FEES: Matriculation (paid but once), \$5; term fee, including demonstrator, laboratory and hospital tickets, \$90; spring session, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percents.
1877-78	180	47	26
1878-79	170	54	31.7
1879-80	163	41	25
1880-81	153	43	28
1881-82	167	29	17.3
1882-83	134	40	30
1883-84	112	33	29.4
1884-85	91	20	22

Average percentage of graduates for the past eight years, *twenty-six*.

UNIVERSITY OF THE STATE OF MISSOURI, MEDICAL SCHOOL.

COLUMBIA, Mo. J. G. NORWOOD, M. D., Dean of the Faculty.

FOUNDED in 1845. The first class was graduated in 1846. From 1845 to 1855 the medical department was situated at St. Louis. See Missouri Medical College. No degrees were conferred during the war, 1861-65.

Faculty embraces eight professors, six lecturers and four examiners for medical degrees, appointed from as many district medical societies.

COURSE OF INSTRUCTION: One annual session of nine months' duration. The session of 1885-86 will begin on the second Tuesday of September, 1885, the junior course closing the first Thursday in May, 1886, and the senior course the last Thursday in June, 1886. The course is graded, requiring only two years for completion. Instruction is given by lectures, recitations and clinical teaching. Seniors visit patients with members of the faculty. Daily examinations are made upon the lectures of the preceding day.

Lectures embrace—Junior class: anatomy, physiology, chemistry, materia medica, medical botany, surgery, physics, metric system of weights and measures, laboratory work, dissecting and medical jurisprudence. Senior class: anatomy, toxicology, surgery, obstetrics, practice of medicine, lectures by special professors, laboratory work (optional), dissecting and medical jurisprudence. "No student is allowed to attend both courses the same year."

REQUIREMENTS: For admission—For those students proposing to enter the medical school the following academic course is prescribed: First semester: Latin, physics, zoology, drawing, English composition, arithmetic and metrical system. Second semester: Chemistry, political science, English composition, botany and book-keeping. A "passing grade" in these branches will hereafter be a prerequisite of entrance to the Medical School.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) last course in this school; 4) satisfactory examination upon the prescribed course; 5) regular attendance on clinics and lectures; 6) practical anatomy and chemistry, one course; 7) thesis. Percentages required at final examination are, anatomy and physiology, 85; chemistry, toxicology, pharmacy, 60; all others, 75.

FEES: Lectures, \$40; demonstrator, \$10; graduation, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	22	8	36.3
1878-79	36	6	16.6
1879-80	43	9	20.9
1880-81	40	5	12.5
1881-82	35	7	20
1882-83	25	9	36
1883-84	16	4	25
1884-85	20	4	20

Average percentage of graduates to matriculates for the last eight years, *twenty-two*.

HUMBOLDT MEDICAL COLLEGE.

ST. LOUIS, MO.

INCORPORATED February 23, 1855, as the St. Louis College of Medical and Natural Sciences. It was an attempt at reform in medical education, and in addition to the ordinary studies, especial attention was paid to mineralogy, geology and general botany. The classes were divided into junior and senior, and the student was required to attend four courses of lectures. In 1859 it became the "Humboldt Institute, a German college for the promotion of Natural Sciences and Medicine." Under this name it was kept up until 1866, when the name of Humboldt Medical College was assumed. In 1867 the "college terms were extended to two regular terms of seven months each, and two summer terms of two months each, making the whole term of attendance upon lectures eighteen months." There were thirteen professors and one lecturer in the faculty, and eleven matriculates for the session of 1866-67; four graduates in 1867 and twenty-eight matriculates; and four graduates in 1868.

Before the lectures commenced for the session of 1869-70, a split occurred in the faculty, a portion of the body organizing the College of Physicians and Surgeons. No lectures were delivered after the session 1869-70.

HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

ST. LOUIS, MO. J. T. KENT, M. D., Registrar, 2309 Washington Avenue.

ORGANIZED originally in 1859; reorganized in 1882. Between the years 1869 and 1881, the following homeopathic colleges were organized in St. Louis, viz: The St. Louis College of Homeopathic Physicians and Surgeons, organized in 1869; held two sessions and suspended after session of 1870-71. The Homeopathic Medical College of St. Louis, organized 1873. The Hering Medical College, organized in 1880. In 1880 a portion of the faculty of the Homeopathic Medical College of Missouri seceded and revived The St. Louis College of Homeopathic Physicians and Surgeons, which again held two sessions; but after the session of 1881-82 this college and the Hering were consolidated with the Homeopathic Medical College of Missouri.

The faculty of this college embraces twelve professors and one lecturer.

COURSE OF INSTRUCTION: The annual course of lectures will begin October 12, 1885, and continue till March 6, 1886. Clinics at hospital and at dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, diseases of the nervous system, pedology, clinical medicine, clinical surgery.

REQUIREMENTS: For admission—"The applicant must present a certificate of moral character; pass an examination in all the branches of an English education, and furnish evidence of scientific and literary qualifications."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) satisfactory examination on all the branches taught.

FEES: Matriculation, \$5; lectures, \$50; graduation, \$25; demonstrator, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	41	11	27
1883-84	39	18	48.7
1884-85	32	9	28.1

Average percentage of graduates to matriculates, *thirty-five*.

KANSAS CITY MEDICAL COLLEGE.

KANSAS CITY, MO. E. W. SCHAUFFLER, M. D., DEAN of the Faculty.

ORGANIZED in 1869 as the College of Physicians and Surgeons of Kansas City. The first class was graduated in 1870; classes have been graduated each subsequent year. The school assumed its present name in 1880.

The faculty embraces eleven professors, one adjunct professor, two lecturers, two demonstrators and one instructor.

COURSE OF INSTRUCTION: One graduating session annually; that for 1885-86 began September 17, 1885, and will close March 17, 1886. A graded three years' course is recommended, but not required. Hospital and dispensary clinics are given.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, ophthalmology and otology, histology, urinary chemistry, clinical medicine, clinical surgery and diseases of children.

REQUIREMENTS: For admission—1) credible certificate of good moral character; 2) diplomas of graduation from a good literary and scientific college, or high school, or a first grade teacher's certificate. Lacking such evidence of preliminary education, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of instruction; 5) personal examination on the seven principal branches of medicine.

FEES: Matriculation, (paid but once) \$5; lectures, \$50; demonstrator, \$10; hospital, \$3; graduation, \$20.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	31	9	29
1878-79	31	9	29
1879-80	44	17	38.6
1880-81	42	12	28.5
1881-82	32	16	50
1882-83	36	12	33.3
1883-84	38	15	39.4
1884-85	29	9	31

Average percentage of graduates to matriculates for the past eight years, *thirty-five*.

ST. LOUIS COLLEGE OF HOMOEOPATHIC PHYSICIANS AND SURGEONS.

ST. LOUIS, MO.

ORGANIZED in 1869. Suspended after the session of 1870-71.—See Homeopathic Medical College of Missouri.

HOMOEOPATHIC MEDICAL COLLEGE OF ST. LOUIS.

ST. LOUIS, MO.

ORGANIZED 1873.—Extinct. Fraudulent.

ST. LOUIS ECLECTIC MEDICAL COLLEGE.

ST. LOUIS, MO.

ORGANIZED in 1874.—Extinct in 1883. Closed by legal process.

AMERICAN MEDICAL COLLEGE (*Eclectic*).

ST. LOUIS, MO. GEO. C. FITZGER, Dean, 1103 Chambers street.

ORGANIZED in 1873. The first class was graduated in 1874. Classes were graduated twice annually from that date up to 1883, but only one annual graduating session is now held.

The faculty embraces eight professors, three lecturers and one demonstrator.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 commenced October 5, 1885, and will close some time in March, 1886. It was preceded by a preliminary course of one week. Clinics are given at hospital and college.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, pharmacy, ophthalmology, otology, diseases of children, clinical medicine, clinical surgery.

REQUIREMENTS: For admission—1) credible certificate of good moral standing; 2) diplomas of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate. Lacking such evidence of preliminary education, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) two courses of lectures; 4) three years' study; 5) "must show a record of faithful attendance both at the college and hospital lectures;" 6) satisfactory final examination.

FEES: Tickets for the session, including matriculation and demonstrator's ticket, \$75; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	120	78	65
1878-79	66	36	54.5
1879-80	95	42	44.2
1880-81	66	22	33.3
1881-82	118	40	33.9
1882-83	114	38	33.3
1883-84	65	15	23+
1884-85	24	14	58.3

Average percentage of graduates to matriculates for the past eight years, *forty-four*.

ST. JOSEPH HOSPITAL MEDICAL COLLEGE.

St. Joseph, Mo.

ORGANIZED in 1876. Five classes, containing forty-five students, were graduated. In 1882 this college was merged into the St. Joseph Medical College (*vide infra*).

COLLEGE OF PHYSICIANS AND SURGEONS OF ST. JOSEPH.

St. Joseph, Mo.

ORGANIZED in 1878. Three classes, containing fifty students, were graduated. In 1882 this college was merged into the St. Joseph Medical College (*vide infra*).

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

St. Louis, Mo. LOUIS BAUER, M. D., Dean, 519 Pine street.

ORGANIZED in 1869, and in active operation until 1872, when it became extinct. Reorganized in 1879. See Humboldt Medical College.

The faculty embraces ten professors, five lecturers, one demonstrator and one assistant demonstrator.

COURSE OF INSTRUCTION: The regular session began October 12, 1885, and will close the second Saturday in March, 1886. A preliminary session began September 7 and closed October 10, 1885. A spring session will begin on the second Monday following the close of the regular session, and continue eight weeks. Both the preliminary and spring sessions are optional. A three-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, military surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, dermatology and syphilis, laryngology, clinical medicine, clinical surgery, toxicology and diseases of the nervous system.

REQUIREMENTS: For admission—1) a diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy; 2) not less than eighteen years of age; 3) credible evidence of good moral character.

For graduation: 1) twenty-one years of age; 2) a good moral character; 3) at least three years' study of medicine; 4) attendance on two courses of lectures.

FEES: Matriculation (paid but once), \$5.00. Lecture tickets (including demonstrator's fees), \$50. Examination fee (not returnable), \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	19	5	26.3
1880-81	41	9	22—
1881-82	49	12	21.5
1882-83	69	31	45
1883-84	57	27	47.3
1884-85	33	12	36.3

Average percentage of graduates to matriculates, *thirty-six*.

JOPLIN COLLEGE OF PHYSICIANS AND SURGEONS.

JOPLIN, Mo.

ORGANIZED in 1880. The first class was graduated in 1881. The school became extinct in 1884. None of its diplomas recognized.

HERING MEDICAL COLLEGE (*Homeopathic*).

ST. LOUIS, Mo.

ORGANIZED 1880. See Homeopathic Medical College of Missouri.

NORTHWESTERN MEDICAL COLLEGE OF ST. JOSEPH.

ST. JOSEPH, Mo. J. P. CHESNEY, M. D., Secretary, Ninth and Francis streets.

ORGANIZED in 1880. The first class was graduated in 1881.

The faculty embraces eight professors, two lecturers and one demonstrator.

COURSE OF INSTRUCTION: The regular graduating term begins the first Monday in October and continues five months.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, obstetrics and gynecology, hygiene, medical jurisprudence, diseases of children, diseases of the nervous system, clinical medicine, clinical surgery, electro-therapeutics.

REQUIREMENTS: For admission—1) credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school; lacking this, a thorough examination in the branches of a good English education, including mathematics. English composition and elementary physics or natural philosophy.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses; 4) satisfactory examination; 5) thesis.

FEES: For the entire course, \$45; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1880-81	40	23	57.5
1881-82	40	26	65
1882-83	31	18	58
1883-84	39	10	25.8
1884-85	28	14	50

Average percentage of graduates to matriculates for the past five years, *fifty-one*,

JOPLIN MEDICAL COLLEGE.

JOPLIN, Mo.

ORGANIZED in 1881.—Extinct in 1882.

UNIVERSITY OF KANSAS CITY, MEDICAL DEPARTMENT.

KANSAS CITY, Mo. J. E. LOGAN, M. D., Secretary, N. W. cor. Twelfth and Mala streets.

ORGANIZED in 1881. The first class was graduated in 1882.

The faculty embraces seventeen professors, one adjunct professor and two lecturers.

COURSE OF INSTRUCTION: The fifth annual session commenced September 15, 1885, and continues twenty-six weeks. The spring course opens about the middle of March, and continues ten weeks. Instruction is given by lectures, clinics, practical courses in the dissecting room, laboratories, and by repeated examinations. A three-years' course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, nervous and mental diseases, orthopedic surgery, diseases of the throat and chest, diseases of children, pharmacy, genito-urinary diseases, clinical medicine and clinical surgery.

REQUIREMENTS: For admission—"Every applicant must be of good moral character, and possess the evidence of a good English education. He should also possess a sufficient knowledge of Latin to read and write current prescriptions. Every candidate for matriculation, unless a graduate of some college, high school or academy, or holding a certificate of some literary institution, will be examined to ascertain his fitness for entering upon and appreciating the study of medicine."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) clinical instruction during one term; 6) dissection of each region of the body; 7) full and satisfactory examination in each branch.

FEES: Matriculation, \$5; lectures, \$50; demonstrator, \$10; practical chemistry (optional, chemicals at cost), \$10; graduation, \$20.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	25	11	44
1882-83	28	8	38.6
1883-84	45	14	31.1
1884-85	35	16	45.7

Average percentage of graduates to matriculates, *thirty-seven*.

ST. JOSEPH MEDICAL COLLEGE.

ST. JOSEPH, Mo. JACOB GEIGER, M. D., Dean, corner Sixth and Francis streets.

ORGANIZED in 1882, by the union of the St. Joseph Hospital Medical College and the College of Physicians and Surgeons of St. Joseph. The first class graduated in 1883.

The faculty embraces nine professors, three lecturers, one demonstrator and two assistant demonstrators.

COURSE OF INSTRUCTION: The ninth regular course of lectures began October 5, 1885, and will continue until March, 1886. Clinics are given in hospital and dispensary. A three-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, mental and nervous diseases, ophthalmology and otology, diseases of children, genito-urinary diseases, diseases of throat and nose, clinical medicine and clinical surgery, pathology and microscopy.

REQUIREMENTS: For admission—"Each candidate for admission must present: 1) credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or first-grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) dissection "continuously" during two courses of lectures; 6) hospital clinics; 7) satisfactory examination on all branches taught in this college.

FEES: Matriculation, \$5; lectures, \$35; demonstrator, \$10; graduation, \$35.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1882-83	24	8	33.3
1883-84	35	6	17.1
1884-85	28	9	32.1

Average percentage of graduates to matriculates, *twenty-six*.

KANSAS CITY HOSPITAL COLLEGE OF MEDICINE.

KANSAS CITY, MO. E. G. GRANVILLE, M. D., Secretary of the Faculty.

ORGANIZED in 1882. The first class was graduated in 1883. The faculty embraces eleven professors and one adjunct professor.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 began October 15, 1885, and will close March 15, 1886.

Lectures embrace "allopathic theory and practice, and clinical medicine"; "homeopathic therapeutics, theory and practice of clinical medicine"; eclectic materia medica and practice, and clinical medicine"; principles and practice of surgery, operative surgery and surgical pathology, physiology, chemistry, anatomy, obstetrics, diseases of women and children, gynecology, mental and nervous diseases, dermatology, diseases of genito-urinary organs, demonstrations in surgery, laryngology, state medicine and public hygiene, medical jurisprudence, ophthalmology and otology, medical and surgical electricity.

REQUIREMENTS: For admission—"Each candidate must be not less than eighteen years of age, male or female, and must present to the faculty satisfactory evidence of good moral character. Diploma of graduation from a good literary or scientific college or high school, or a first grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy.

For graduation: 1) good moral character; 2) twenty-one years of age; 3) three years' study; 4) two full courses of lectures; 5) satisfactory examination in all the branches taught in the college.

FEES: Matriculation, \$5; lectures, \$30; demonstrator, \$10; graduation, \$20.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1882-3	18	11	61.1
1883-4	19	9	47.3
1884-5	38	20	52.6

Average percentage of graduates to matriculates for the years reported, *fifty-three*.

REMARKS: "In addition to the regular course of instruction and requirements for graduation, a professorship of homeopathy, conducted by a distinguished adherent of the law of *similia similibus curantur*, has been established, in which special effort will be made to teach the materia medica and its application to the cure of diseases as completely and thoroughly as in any homeopathic school in the country."

"Also eclectic medicine will be fully illustrated by a competent professor of that school of medicine of large experience, and all that is known as distinctive therein will be as thoroughly taught as possible."

WOMAN'S MEDICAL COLLEGE OF ST. LOUIS—*Homeopathic*.

St. Louis, Mo.

ORGANIZED in 1883, and after giving one course of lectures it became extinct.

NEBRASKA.

OMAHA MEDICAL COLLEGE.

OMAHA, Neb. GEORGE B. AYERS, M. D., Secretary, 1505 Farnam street.

ORGANIZED in 1881. The outgrowth of a preparatory school, established in 1880, under the name of the Nebraska School of Medicine.

The faculty embraces sixteen professors and a demonstrator.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 began October 5, 1885, and will close March 27, 1886. A three-years' graded course is recommended, but not required. The members of the faculty devote a portion of each day to examinations on the subjects of the previous lectures. Clinics are given at the college and in the hospitals.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, laryngology, toxicology, diseases of children, diseases of the mind, clinical medicine and clinical surgery.

REQUIREMENTS: For admission—"All candidates must present to the faculty satisfactory evidence of a good moral character, and must be at least eighteen years of age, and unless holding a certificate or diploma from some literary institution, must pass an examination in the English branches."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) "such primary education as is clearly requisite for a proper standing with the public and the profession"; 4) three years' study; 5) two full courses; 6) clinical instruction for two sessions; 7) practical anatomy (to the extent of having dissected all the regions of the body) and chemistry, one course; 8) full and satisfactory written and oral examination on each branch taught; 9) close attendance on all lectures.

FEES: Matriculation, \$5; demonstrator, \$5; lectures, \$35; graduation, \$25; hospital, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	33	8	23
1882-83	30	9	30
1883-84	20	4	20
1884-85	21	8	38

Average percentage of graduates to matriculates during the past four years, *twenty-eight*.

UNIVERSITY OF NEBRASKA, COLLEGE OF MEDICINE.

Regular Department.

LINCOLN, Neb. A. R. MITCHELL, M. D., Dean of the Faculty.

ORGANIZED in 1870. The first class was graduated in 1884. The faculty consists of nine professors and four lecturers.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 began September 10, 1885, and will close March 18, 1886. Instruction consists of didactic and clinical lectures, and laboratory work in each department.

Lectures embrace anatomy, physiology, chemistry, materia medica, and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, hygiene, ophthalmology and otology, orthopedic surgery, diseases of children, clinical medicine and clinical surgery.

REQUIREMENTS: For admission—"Every candidate for admission to the college must be eighteen years of age, and must present to the chancellor satisfactory evidence of good moral character. He must further sustain a satisfactory examination on the subjects required for a county superintendent's certificate of the second grade, with the addition of elementary chemistry, and by an examination of one or more of the required subjects or by an essay of not less than 300 words assigned at the time, he must show ability to write the English language correct."

For graduation: 1) twenty-one years of age; 2) a good moral character; 3) must successfully pursue the study of practical anatomy and practical chemistry; 4) thesis; 5) three years' study; 6) two full courses of lectures; 7) satisfactory examinations in all branches taught.

FEES: Matriculation, \$5; tuition, free; graduation, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	18	3	16.6
1884-85	35	6	17.1

Average percentage of graduates to matriculates for the two years of existence, *seventeen*.

UNIVERSITY OF NEBRASKA, COLLEGE OF MEDICINE.

Homeopathic Department.

LINCOLN, Neb. BARTLETT L. PAINE, M. D., Dean of the Faculty.

ORGANIZED in 1883. First class graduated in 1884. Faculty consists of three professors and two lecturers.

COURSE OF INSTRUCTION: Session of 1885-86 began September 10, 1885, and will close March 18, 1886. Medical jurisprudence, surgery, physiology, diseases of the eye and ear are taught by the professors of those branches in the regular department. Obstetrics and diseases of women and children, materia medica and therapeutics, theory and practice of medicine, electro-therapeutics, surgical diseases of women and organic diseases of the chest, comprise the subjects of the chairs at the homeopathic faculty.

REQUIREMENTS: For admission and graduation. See requirements of regular department.

FEES: Matriculation, \$5; tuition, free; material for dissecting, at cost; graduation, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentage of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	17	3	17.6
1884-85	11	4	36.3

Average percentage of graduates to matriculates, *twenty-five*.

UNIVERSITY OF NEBRASKA, COLLEGE OF MEDICINE.

Erectic Department.

LINCOLN, Neb. WILLIAM S. LATTA, M. D., Dean of the Faculty.

ORGANIZED in 1883. First class was graduated in 1884. Discontinued after the session of 1884-85.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	17	2	11.7
1884-85	2	2	100

NEW HAMPSHIRE.

DARTMOUTH COLLEGE, MEDICAL DEPARTMENT.

(New Hampshire Medical Institute.)

HANOVER, N. H. CARLTON P. FROST, M. D., Dean of the Faculty.

ORGANIZED in 1797. The first class was graduated in 1798. Classes have been graduated each subsequent year. The faculty embraces ten professors and one instructor.

COURSE OF INSTRUCTION: The collegiate year is divided into a lecture course and a recitation term. The regular lecture course for 1885 began August 4, 1885, and closed November 17*; the recitation term begins December 15, 1885, and continues until June 18, 1886. "Clinical instruction will be given to as large an extent as circumstances will permit."

Lectures as follows: The courses in surgery and practice consist of sixty-six lectures each; in anatomy and physiology, ninety-nine lectures; in obstetrics and therapeutics, forty-four lectures each; in gynecology, of twenty-two lectures; shorter courses in medical jurisprudence, mental diseases, ophthalmology, laryngology, pharmacy and urinary analysis; the course in chemistry consists of lectures and laboratory work.

REQUIREMENTS: For admission—"Applicants must be eighteen years of age, and, unless already matriculates of some regular medical college or graduates of some reputable college, academy or high school, will be examined as to their fitness for entering upon and appreciating the technical study of medicine. They will be expected to be familiar with the elementary principles of physics (light, heat, electricity, etc.), on entrance.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) three full years' study; 5) one course of dissection; 6) shall pass satisfactory written examinations on all branches taught in the school—anatomy, physiology, chemistry, surgery, obstetrics, therapeutics, gynecology and practice. Two examinations annually.

FEES: Matriculation \$5; lectures, \$77; graduation, \$25; recitation term, \$40; anatomical material at cost.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877	87	50	31.5
1878	88	23	26
1879	80	26	32.5
1880	78	29	37
1881	91	43	47.2
1882	76	28	36.8
1883	80	40	50
1884	40	18	45
1885	52	13	25

Average percentage of graduates to matriculates during the past nine years, *thirty-seven*.

* Dr. C. P. Frost, Dean, writes December 18, 1885: "Our Faculty decided in September to lengthen the lecture course to twenty weeks, beginning on July 14, 1886. The 15-months clause was also adopted, requiring 15 months from the beginning of first course to end of last."

NEW ENGLAND UNIVERSITY OF THE ARTS AND SCIENCES.

MANCHESTER, N. H.

FRAUDULENT. — Extinct. Incorporated 1876. — Act repealed 1877. Exposed by the ILLINOIS STATE BOARD OF HEALTH.

NEW JERSEY.

MEDICAL SOCIETY OF NEW JERSEY.

ORGANIZED IN 1776. The society does not give instruction. It was authorized to confer the degree of M. D., in 1866. The section of the act to reorganize the Medical Society of New Jersey and conferring this power, is as follows: "And be it enacted, that the society shall have the authority to confer the degree of M. D., under such rules and regulations as they may adopt, which degree shall be deemed sufficient evidence of a regularly educated and qualified practitioner of the healing art."

Regulations of the society concerning the conferring of the degree of Doctor of Medicine and honorary membership:

SECTION 1. Candidates for the degree of Medicinæ Doctor may apply to any district society of this State, and shall be admitted to examination under the following rules and regulations—

1st. Each district society shall appoint annually, or *pro re nata*, a committee of not less than five members, who shall conduct the examination.

2d. All examinations shall be in the presence of the society at a regular meeting; and no candidate shall be examined until he has given satisfactory evidence of having reached the age of twenty-one years; is of good moral character; and has pursued his medical studies under the care of some regular practitioner for the term of three years, including two courses of lectures in some medical institution in affiliation with the American Medical Association. If he has not graduated at some academic college, then the society shall be satisfied that his preliminary education has been such as to qualify him for the study and practice of medicine.

3d. The examination shall extend to all the branches taught in the medical schools recognized as aforesaid; and the candidate shall then be balloted for by the society; and if he shall receive the approving votes of two-thirds of all the members present, the presiding officer shall give a certificate to that effect to the candidate.

4th. This certificate may be presented at the next or any subsequent regular meeting of this society, not extending beyond the period of three years, with a written thesis upon some medical subject; and if upon a ballot they shall be approved by a majority of the members present, the candidate, upon the payment of fifteen dollars, shall be entitled to receive a diploma.

The honorary degree of M. D., may be conferred by the society, by a vote by ballot of three-fourths of the members present; provided the nomination shall have been made at a preceding meeting, and provided the candidate has been a regular practitioner for the period of seven years.

§ 2. Practitioners of medicine of this or any other State may be admitted as honorary members by a vote by ballot of the society, provided that the nomination be made at a previous meeting. The nomination shall be referred to a special committee of three appointed by the president, and the nominee shall not be considered as eligible to election till the committee report. The privilege of honorary membership shall not confer the right to vote.

GRADUATES: Eight or ten diplomas have been conferred. Two were conferred in 1881, and one at the last meeting of the society in 1883.

LIVINGSTON UNIVERSITY.

HADDONFIELD, N. J.

A BUCHANAN institution; fraudulent, and now extinct.

HYGEO-THERAPEUTIC COLLEGE.

BERGEN HEIGHTS, N. J.

EXTINCT.

NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

Medical Department of Columbia College,

NEW YORK CITY. JOHN G. CURTIS, M. D., Secretary, Cor. Twenty-third St. and Fourth Avenue.

ORGANIZED in 1807, by the regents of the University of the State of New York, as their medical department, under the name of the College of Physicians and Surgeons in the City of New York. The institution was connected with the Columbia College for a short period in 1814, and became permanently connected with it in 1860, when the Medical Department of Columbia College was added to the original title. The original Medical Department of Columbia College was organized in 1767; it was suspended during the war of the Revolution and became extinct in 1813. The first class was graduated by this college in 1811. Classes have been graduated each subsequent year.

The faculty embraces seventeen professors, one adjunct lecturer, two clinical lecturers, three demonstrators, one director physiological laboratory, and twenty-eight clinical assistants.

COURSE OF INSTRUCTION: The session of 1885-86 began the first of October, 1885, and will end about the first of May, 1886. Instruction consists of didactic lectures with demonstrations, clinical teaching, recitations, and practical teaching in subjects involving manipulation. Clinics at hospitals and dispensaries free to matriculates and optional. Recitations are held daily by a special corps of examiners, optional; fees required, \$40. Many special courses, fees varying from \$12 to \$20. A three-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, diseases of children, diseases of the mind and nervous system, dermatology and laryngology.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures on anatomy physiology, chemistry, materia medica and therapeutics, obstetrics, surgery, pathology and practical medicine; 5) satisfactory examination in seven branches; 6) thesis. The examinations for the degree of Doctor of Medicine are in writing, and are held twice a year, viz: 1) immediately after the close of the lectures of the college year in May; 2) during the second and third weeks of September. According to the merits of his thesis and examinations three results of the latter are possible in the case of a candidate for the degree of M. D.: 1. He is "passed" when his thesis and examinations have been satisfactory in each and all of the seven principal branches of medical teaching. 2. He is "conditioned" when the average merit of his thesis and examinations has been satisfactory, while in one or more branches he has been found deficient. In this case the candidate can proceed to his degree only on the condition that he first pass a re-examination in the deficient branch or branches, not sooner than at the next regular semi-annual examination. 3. He is "rejected" when the average merit of his thesis and examination has been unsatisfactory; in this case the candidate must be re-examined in all the seven branches, but the writing of a new thesis is rarely required.

Final examinations are held twice a year, viz: immediately after the close of the lectures of the college year, and during the third and fourth weeks of September.

FEES: Matriculation, \$5; lectures, \$140; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	413	109	27
1878-79	485	95	19.6
1879-80	513	117	22.8
1880-81	555	120	21.6
1881-82	547	115	21
1882-83	543	125	23
1883-84	505	105	20.7
1884-85	439	134	30.5

Average percentage of graduates to matriculates for the past eight years, *twenty-three*.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF NEW YORK.

FAIRFIELD, N. Y.

ORGANIZED in 1812.—Extinct since 1840. During its existence it afforded instruction to 3123 students and graduated 589.

NEW MEDICAL INSTITUTION.

Medical Department of Queen's College, New Jersey.

NEW YORK CITY.

ORGANIZED in 1814; suspended in 1816. In 1826 the Medical Institution was revived under the auspices of Rutgers's (formerly Queen's) College, N. J., but became extinct in 1830. It is probable that the diplomas issued after its revival were illegal.

NEW YORK SCHOOL OF MEDICINE.

NEW YORK CITY.

ORGANIZED under the auspices of the New York County Medical Society in 1831.

NEW YORK REFORMED MEDICAL COLLEGE—*Eclectic*.

NEW YORK CITY.

ORGANIZED in 1836.—Extinct, 1838.

AUBURN MEDICAL SCHOOL.

AUBURN N. Y.

EXTINCT.—Date of organization and extinction unknown.

ALBANY MEDICAL COLLEGE.

Medical Department of Union University.

ALBANY, N. Y. WILLIS G. TUCKER, M. D., Registrar, 4 Lancaster street.

ORGANIZED in 1838. Incorporated and graduated its first class in 1839. It became connected with Union University in 1873, when the present title was assumed.

The faculty embraces thirteen professors, one lecturer, one curator and one demonstrator.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 began September 8, 1885, and will close March 3, 1886. Written examinations are held monthly, clinics at hospitals and dispensary. A three-years' graded course is substantially required for graduation.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, dermatology, psychological medicine, ophthalmology and otology, diseases of children, and diseases of the throat and chest.

REQUIREMENTS: For admission—"Graduates from recognized colleges, scientific schools or medical institutions, and students presenting certificates of competency from the censors of the medical society of the county from which they come, will not be required to pass the preliminary examination on joining the school. All others will be required to pass the examinations by a page written at the time, of which the orthography, grammatical construction and penmanship will be considered, and in arithmetic, grammar, geography and the elements of natural philosophy.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three-years' study; 4) "three-years' graded course in this college, or the equivalent of the first two courses elsewhere and the last in this college," except as hereafter provided; 5) thesis; 6) "satisfactory examination in the several branches of medicine and surgery, final examinations being conducted chiefly in writing." Regular and punctual attendance is required.

The proviso above referred to is as follows: "1) That graduates of recognized literary colleges, scientific schools or colleges of pharmacy will be allowed to present themselves for graduation at the end of their second full course if all other requirements for graduation are fulfilled; 2) that students desiring to enter the second year class may do so if they successfully pass an examination in anatomy, materia medica, chemistry and physiology, and are deemed competent so to enter; and 3) that students who have attended a full course of lectures elsewhere may enter the senior class on passing a satisfactory entrance examination in all the departments. Students entering the second-year class, in either instance as above provided, must attend the full course of lectures each year, and are examined in all the branches at the end of their second course. Students entering the senior class as above provided must attend the full course of lectures, and are examined in all the branches at its close."

FEES: Matriculation, \$5; lectures, \$100; demonstrator, \$10; graduation, \$25; laboratory, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	153	31	20.2
1878-79	161	43	26.7
1879-80	178	46	25.8
1880-81	172	58	33.7
1881-82	170	54	31.7
1882-83	157	51	32.5
1883-84	149	43	28.8
1884-85	142	33	23.2

Average percentage of graduates to matriculates for the past eight years, *twenty-eight*.

GENEVA MEDICAL COLLEGE.

GENEVA, N. Y.

ORGANIZED in 1839.—Extinct. Merged into the College of Medicine of Syracuse University in 1872—which see.

UNIVERSITY OF THE CITY OF NEW YORK, MEDICAL DEPARTMENT.

University Medical College.

NEW YORK CITY. CHARLES INSLEE PARDEE, M. D., Dean, 410 E. Twenty-sixth street.

ORGANIZED in 1841. The first class was graduated in 1842. Classes have been graduated each subsequent year.

The faculty embraces fifteen professors, six clinical professors, twenty assistant instructors, two demonstrators and nineteen clinical assistants.

COURSE OF INSTRUCTION: The collegiate year is divided into three sessions: a preliminary term, which began September 16, 1885, and continued until September 30; the regular winter course then began, and will continue to the middle of March, 1886, to be followed by a spring session of ten weeks immediately thereafter. Instruction consists of didactic and clinical lectures, recitations, practical demonstrations of subjects involving manipulation, and practice at the bedside and in the laboratories.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, orthopedic surgery, dermatology and mental diseases.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) "two winter sessions of lectures;" 4) three years' study; 5) one course of practical anatomy; 6) satisfactory written examinations on surgery, chemistry, practice of medicine, materia medica, anatomy, physiology and obstetrics. Rejected candidates will not be permitted to apply for a re-examination for one year. Honorary degrees are not granted. Two commencements take place annually, at either of which the candidates who have complied with the above requirements may graduate; the first is at the close of the winter, the second at the close of the spring session.

FEES: Matriculation, \$5; lectures, \$140; demonstrator, \$10; graduation, \$30; private instruction in practical branches, averaging \$12 per course.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	509	153	30
1878-79	556	204	36.7
1879-80	609	205	33.6
1880-81	623	200	32.1
1881-82	575	213	37
1882-83	528	163	30.8
1883-84	526	164	31.1
1884-85	533	175	32.8

Average percentage of graduates to matriculates for the last eight years, *thirty-three*.

REMARKS: "With a view to the final establishment of a systematic graduated scheme of tuition, students who have attended two full courses of lectures, and who have completed two years of study, may be admitted to a special examination in chemistry, anatomy and physiology, and, if successful, will be examined at the end of the next winter session on practice, materia medica and therapeutics, surgery and obstetrics."

UNIVERSITY OF BUFFALO, MEDICAL DEPARTMENT.

BUFFALO, N. Y. CHARLES CARY, M. D., Secretary, 340 Delaware street.

ORGANIZED in 1846. The first class was graduated in 1847. Classes have been graduated each subsequent year.

The faculty embraces twelve professors, one lecturer and one demonstrator. The spring faculty consists of eleven lecturers.

COURSE OF INSTRUCTION: The regular term of 1885-86 began September 22, 1885, and will continue twenty-two weeks. The spring course begins the first Monday after commencement, and continues eight weeks. The course of instruction includes scholastic and clinical teaching, with systematic recitations and special instruction. A three years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, toxicology, ophthalmology and otology, psychological medicine, dermatology and microscopy.

REQUIREMENTS: For admission—"A certificate from the student's preceptor of his moral character, and that he is duly entered, and properly qualified to study medicine, must be presented, on matriculating. The responsibility of sufficient preliminary education rests, of necessity, with the private instructor."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) "dissection of the lateral half of the subject, either here or elsewhere;" 5) two full courses of lectures; 6) satisfactory examination in the several departments; 7) thesis.

FEES: Matriculation, \$5; lectures, \$100; demonstrator, \$10; graduation, \$25; spring course, \$15.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	114	42	36.8
1878-79	126	40	31.7
1879-80	138	53	38.3
1880-81	154	48	31.1
1881-82	172	65	37.8
1882-83	178	57	32
1883-84	155	62	40
1884-85	134	48	35.8

Average percentage of graduates to matriculates for the past eight years, *thirty-five*.

SYRACUSE MEDICAL COLLEGE—*Eclectic*.

SYRACUSE N. Y.

ORGANIZED in 1849.—Extinct, 1855.

ROCHESTER ECLECTIC MEDICAL COLLEGE.

ROCHESTER, N. Y.

ORGANIZED in 1848. Lectures delivered during three or four sessions. Extinct, 1852.

NEW YORK MEDICAL COLLEGE.

NEW YORK CITY.

ORGANIZED in 1852. The last session was held 1863-64.

MEDICAL COLLEGE OF NEW YORK CITY.

NEW YORK CITY.

EXTINCT.

EXCELSIOR MEDICAL COLLEGE

NEW YORK CITY.

EXTINCT.

HYGEO-MEDICAL COLLEGE OF NEW YORK.

NEW YORK CITY.

EXTINCT.

METROPOLITAN MEDICAL COLLEGE—*Eclectic*.

NEW YORK CITY.

ORGANIZED in 1852; incorporated, March, 1857; charter repealed, April 12, 1862. Extinct.

LONG ISLAND COLLEGE HOSPITAL.

BROOKLYN, N. Y.

ORGANIZED in 1860. The first class was graduated in 1861; classes have been graduated each subsequent year.

The faculty embraces ten professors, two lecturers, ten lecturers on special subjects, and one demonstrator. During the preliminary term there are engaged thirteen lecturers and one demonstrator (mostly professors and lecturers of the regulation lecture term), and nine clinical assistants.

COURSE OF INSTRUCTION: The collegiate year is divided into a preliminary and a regular term; the former, for the session of 1885-86, began September 23 and continues until December 23, 1885; the regular term will begin January 5, 1886, and continue until June 2, 1886. A graded course, extending over two collegiate years of nine months each, is recommended, but not required; fifty percent. of the entire class have taken this course for the last four years.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, laryngology, toxicology, ophthalmology and otology, diseases of children, dermatology, nervous diseases and genito-urinary diseases.

REQUIREMENTS: For admission—"In the early part of the regular term candidates will have oral and written examinations, for the purpose of testing their general literary qualifications. Students who have already passed the written examinations in the elementary departments, and graduates of literary, scientific and medical schools will not be required to pass the examinations for general literary qualification."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures, not completed in the same twelve month; 5) practical anatomy, to the extent of having dissected each region of the body; 6) one course of practical chemistry and urine analysis; 7) one course in practical histology and pathology; 8) pass satisfactory examinations, both oral and written, in chemistry, histology, anatomy, physiology, materia medica, therapeutics, pathology, gynecology, obstetrics, surgery, and practice of medicine. But one examination each year.

FEES: Matriculation, \$5; demonstrator, \$5; chemical laboratory, \$5; pathological laboratory, \$5; lectures, \$100; reading term, \$40; graduation, \$250.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	120	40	33.3
1878-79	115	33	28.7
1879-80	118	43	36.5
1880-81	141	51	36.1
1881-82	159	61	38.3
1882-83	154	51	33.4
1883-84	122	37	30.3
1884-85	119	47	39.4

Average percentage of graduates to matriculates during the last eight years, *thirty-four*.

REMARKS: "The term of lectures (otherwise called the regular term) shall begin the first week of October of the year 1886, and continue five calendar months; and the term of reading and recitation (otherwise called the preliminary term) shall begin at the close of the term of lectures in the spring of 1886, and continue three calendar months."

NEW YORK HOMEOPATHIC MEDICAL COLLEGE.

NEW YORK CITY. EDGAR V. MOFFAT, M. D., Secretary, 132 W. Forty-fourth street.

ORGANIZED in 1860. The first class was graduated in 1861. Classes have been graduated each subsequent year.

The faculty embraces twenty-two professors, one assistant professor, three lecturers, eleven clinical assistants and instructors, and two demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86 opened October 6, 1885, and terminates April 15, 1886. The course of instruction is graded, and provision is made for three classes of students—a junior, a middle and a senior class; but the curriculum for graduation may be completed in two courses of lectures.

Lectures embrace anatomy, physiology, chemistry and toxicology, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence and hygiene, diseases of the heart and lungs, diseases of children, laryngology, mental and nervous diseases, ophthalmology and otology, orthopedic surgery, dermatology and genito-urinary diseases, histology, microscopy, diseases of the kidney, pharmaceuticals, and laboratory drill.

REQUIREMENTS: For admission—"Students must present credible certificates of good moral character and a diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate. Or, lacking this, he must pass a thorough examination in the branches of a good English education, including English grammar, rhetoric, spelling, etc., as shown in written examination, arithmetic as far as square root, geography, elementary physics or natural philosophy, as given in Prof. Bal-four Stewart's Science Primer (Physics)."

"Any student who presents his diploma of graduation from a reputable literary and scientific college, or high school, or a first grade teacher's certificate, or a certificate of having passed the entrance examination for either Harvard or Yale college will be excused from further entrance examinations."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) one course of practical anatomy; 6) satisfactory examination in each department; 7) thesis.

FEES: Matriculation, \$5; lectures, \$125; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	152	38	25
1878-79	152	40	26.3
1879-80	128	33	25.8
1880-81	165	54	32.7
1881-82	146	36	24.6
1882-83	145	47	32.4
1883-84	153	53	34.6
1884-85	130	40	30.7

Average percentage of graduates to matriculates for the past eight years, *twenty-nine*.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

NEW YORK CITY. AUSTIN FLINT, Jr., M. D., Secretary of the Faculty.

ORGANIZED IN 1861. The first class was graduated in 1862. Classes have been graduated each subsequent year.

The faculty embraces eleven professors, seven professors of special departments, one lecturer, four demonstrators, sixteen assistants to chairs and two prosectors. Three lecturers give instruction during the spring term.

COURSE OF INSTRUCTION: The collegiate year is divided into two sessions. The winter session of 1885-86 began September 23, 1885, and will close the latter part of March, 1886. The spring session will begin the latter part of March, 1886, and continue until the middle of June. Attendance upon three courses of lectures is recommended, and provision is made for the examination of those pursuing this plan. Hospital clinics are numerous. Regular weekly quizzes are held by members of the faculty upon the subjects of the lectures; these examinations are confined to candidates for graduation.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, orthopedic surgery, ophthalmology and otology, cutaneous and genito-urinary diseases, diseases of children, toxicology, diseases of the throat. Private courses on practical subjects are given by the faculty and instructors; average fee, \$20.

REQUIREMENTS: For admission—None, except for those who expect to present their tickets or diplomas for recognition in Great Britain. For such, a special matriculation examination is provided, upon the following subjects: English language, including grammar and composition; arithmetic, including vulgar and decimal fractions; algebra, including simple equations; geometry, first two books of Euclid; Latin translation and grammar. In addition to the above, one of the following optional studies is required: Greek, French, German or natural philosophy, including mechanics, hydrostatics and pneumatics; text-books: Latin—Cæsar (De Bello Gallico), first two books; natural philosophy—Peck's Ganot, or Parker's Philosophy; Greek—first chapter of St. John's Gospel; French—first chapter of Télémaque, or Charles XII.; German—Adler's Reader, first part. From those who expect to practice only in this country this examination is not required. "It is presumed that preceptors sending students to the college have satisfied themselves that their pupils have received proper preliminary education, and the college does not require a matriculating examination; but students who intend to practice in States in

which the laws require a preliminary examination for those not provided with literary degrees or other evidences of scholarship as one of the conditions for a license to practice medicine, may pass the required preliminary examination at the college, and will receive a certificate of having passed such examination from the secretary."

For graduation: 1) twenty-one years of age; 2) proper testimonials of character; 3) three years' study; 4) two full courses of lectures; 5) satisfactory examination in each of the seven departments of instruction, viz.: practice of medicine, surgery, obstetrics, materia medica and therapeutics, physiology, anatomy and chemistry—the examinations upon practice of medicine and surgery include diseases of the nervous system, pathological anatomy, ophthalmology and diseases of the skin; 6) one course of practical anatomy.

FEES: Matriculation, \$5; lectures, \$140; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	423	130	30.7
1878-79	450	165	36.6
1879-80	502	142	28.3
1880-81	379	118	31.1
1881-82	480	163	31—
1882-83	467	167	35.7
1883-84	434	149	34.3
1884-85	365	134	36.7

Average percentage of graduates to matriculates for the past eight years, *thirty-three*.

REMARKS: There are three regular examinations for the degree: one at the close of the winter session, one at the close of the spring session, and one during the first week in October. The June and October examinations are exclusively for the benefit of those students who have attended the courses of lectures required, the last course being at this college, but whose time of study does not expire until the summer or fall. Graduates of other accredited colleges are examined in all the departments, the same as undergraduates, and must fulfill all the requirements demanded of undergraduates. The faculty will not grant a degree to any graduate of three or more years' standing who does not exhibit to the secretary a certificate of membership in some regular medical society. This rule is invariable.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN—*Homeopathic*.

NEW YORK CITY. CLEMENCE S. LOZIER, M. D., Dean, 103 W. Forty-eighth street.

ORGANIZED in 1863. The first class was graduated in 1864. Classes have been graduated each subsequent year.

The faculty embraces fifteen professors, one assistant professor, four lecturers and one demonstrator.

COURSE OF INSTRUCTION: The regular session of 1885-86 began October 2, 1885, and continues twenty-four weeks. The curriculum of studies extends over a three-years' graded course, and is arranged as follows: "First year, theoretical and inorganic chemistry, physiology, general and descriptive anatomy, histology, hygiene—dissections will be obligatory on all students of this year; second year, organic chemistry, with toxicology, histology and pathological anatomy, physiology, anatomy, hygiene, materia medica, surgery, gynecology, diseases of children, obstetrics, pathology and practice of medicine. Students of this year will attend such clinical lectures as the faculty may approve, and are expected to finish their dissections to the satisfaction of the professor of anatomy.—Third year, continuation of pathology and practice of medicine, materia medica, obstetrics, gynecology, diseases of children, surgery, ophthalmology and otology, diseases of the chest, medical jurisprudence, pathological anatomy and mental and nervous diseases. During this year students are required to attend the various clinics of the college. Each student will also be required to take charge of obstetrical cases." Actual attendance on lectures is required.

REQUIREMENTS: For admission—"Applicants for matriculation are required to give satisfactory testimony of moral character, together with proof of having arrived at the age of eighteen years; they must also pass an examination in the English branches."

For graduation: 1) twenty-one years of age; 2) three full years' study; 3) three complete courses of lectures; 4) thesis; 5) satisfactory examinations both before the faculty and the board of censors.

FEES: Matriculation, each year, \$5; lectures, per session \$75; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	—	27	—
1878-79	—	6	—
1879-80	—	7	—
1880-81	—	5	—
1881-82	—	10	—
1882-83	—	8	—
1883-84	—	8	—
1884-85	30	13	43.3

REMARKS: The trustees announce that "they will henceforth make the course of study *unequivocally a three-years' graded course*." * * * While studying one year with a preceptor may be excellent preparation for entering college, it can not take the place of the instruction given during the first year in college; hence this decision by the board." There is no provision for admitting students to advanced standing by examination; but a literal compliance with the requirements of attendance upon three full lecture terms is specified as a condition of graduation.

ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

NEW YORK CITY. GEORGE W. BOSKOWITZ, M. D., Dean, 1 Livingston Place.

ORGANIZED in 1865. The first class was graduated in 1866. Classes have been graduated each subsequent year.

The faculty embraces eight professors, five lecturers and one demonstrator.

COURSE OF INSTRUCTION: The twenty-fifth annual session began October 5, 1885, and will continue six months; clinics in hospital and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and diseases of women and children, medical jurisprudence, toxicology, and diseases of the eye, throat and skin, nervous diseases and insanity, and hygiene.

REQUIREMENTS: For admission—"Candidates for matriculation will be required to produce written evidence by persons of good repute as to their moral character and standing, in addition to which they will be required to furnish proof that they have received a good English education, including mathematics, composition, and natural philosophy.

For graduation: 1) twenty-one years of age; 2) three years' study under the supervision of a reputable physician; 3) two full terms of instruction; 4) a thesis on some medical subject.

FEES: Matriculation, \$5; lectures, \$100; demonstrator, \$10; analytical chemistry, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	107	26	24.3
1878-79	133	24	17.4
1879-80	143	32	22.3
1880-81	215	64	29.7
1881-82	146	50	34.2
1882-83	131	37	28.2
1883-84	96	19	19.7
1884-85	45	11	24.4

Average percentage of graduates to matriculates for the past eight years, *twenty-five*.

WOMAN'S MEDICAL COLLEGE OF THE NEW YORK INFIRMARY.

NEW YORK CITY. EMILY BLACKWELL, M. D., Dean, 128 Second Avenue.

ORGANIZED in 1868. The first class was graduated in 1870. Classes have been graduated each subsequent year.

The faculty embraces nine professors, four clinical professors, four lecturers, two lecturers adjunct, one demonstrator and thirteen instructors.

COURSE OF INSTRUCTION: "The college year is divided into two terms of four months' each; and half of the studies appropriate to the year are allotted to each of these terms. The first term lasts from October 1 to February 1. The second from February 1 to May 15. The course of study required to render a student eligible for graduation covers three college years. Those students who wish to do so may, however, divide the second of their three years into two, thus completing their course in four years."

Division of studies: First year—Anatomy and dissecting; physiology; materia medica; inorganic chemistry; laboratory work, i. e.: general chemistry, materia medica, histology. Second year—Anatomy and dissecting, physiology, medical chemistry and toxicology, practice, surgical pathology, histology and pathological anatomy with laboratory work. Third year—Practice, surgical pathology and operative surgery, histology and pathological anatomy, with laboratory work, hygiene, obstetrics, therapeutics, clinics medical and surgical. During this year each student enjoys the privilege of attending upon ten cases of obstetrics in the infirmary wards; of witnessing operations at the infirmary, as also at other hospitals in the city, and may listen to the clinical lectures at Bellevue. Each professor quizzes on his own lectures, and an instructor is attached to each chair to assist in quizzing.

REQUIREMENTS: For admission—Students entering the graded college course, unless they bring a diploma from some recognized literary school, will be required to pass a preliminary examination in the following branches: 1. Orthography, English composition and penmanship, by means of a page written at the time and place of examination. 2. Definitions and synonyms as found in "The Scholar's Companion." 3. Latin, through declensions and conjugations. 4. Arithmetic in denominate numbers, fractions, proportion, percentage and the roots. 5. Algebra, Davies' Elementary, through simple equations. 6. Geometry, Davies' Legendre, first and second books. 7. Botany, physics and chemistry, as found in "Science Primers," edited by Profs. Huxley, Roscoe and Balfour Stewart.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) must give evidence of having studied medicine during three years, have spent at least one continuous year at this school (if only one, this must be the last year); 4) a thesis on some medical subject; 5) satisfactory examinations before the faculty and the board of examiners will also be required.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	—	7	—
1878-79	—	10	—
1879-80	—	11	—
1880-81	60	8	13.3
1881-82	49	10	20.4
1882-83	40	5	12.5
1883-84	40	9	22.5
1884-85	33	11	33.3

Average percentage of graduates to matriculates for the past five years, *ninet-een*.

REMARKS: "A course of lectures in any recognized school will be accepted as one of the terms required, but the last course before graduation must have been attended at this college. The faculty also reserve the right to refuse examination to a student on the ground of what they deem to be moral or mental unfitness for the profession. An annual course of lectures in any accredited school will be received as equivalent to a course of lectures in this school, but a certificate of reading under a preceptor will not be received as equivalent to a course of lectures."

Candidates for graduation are examined by a board of seven examiners not otherwise connected with the college.

NEW YORK FREE MEDICAL COLLEGE FOR WOMEN.

NEW YORK CITY.

ORGANIZED in 1871.—Extinct, 1877.

SYRACUSE UNIVERSITY, COLLEGE OF MEDICINE.

SYRACUSE, N. Y. WILLIAM T. PLANT, M. D., Registrar, 18 Harrison street.

ORGANIZED in 1872, as the College of Physicians and Surgeons of Syracuse University. In 1875 it assumed its present title. The Geneva Medical College, organized in 1836, was merged into this institution. The first class was graduated in 1873. Classes have been graduated each subsequent year.

The faculty embraces eleven professors, five lecturers, three instructors, and a director of anatomical laboratory.

COURSE OF INSTRUCTION: The college year begins the first Tuesday in October and ends on the second Thursday in June. Attendance at college during a three years' graded course is recommended, but not absolutely required. Students are divided into three classes, according to their proficiency and time of study. Studies—"First year: anatomy, physiology, chemistry, histology and botany. Second year: anatomy, physiology, medical chemistry, materia medica, practice, surgery, and clinics. Third year: therapeutics, practice, surgery, obstetrics, diseases of children, pathology, gynecology, forensic medicine, ophthalmology and clinics.

REQUIREMENTS: For admission—Evidence of possessing a fair preliminary education or examination in the branches of a common English education. Students who have already pursued the study of medicine to some extent, may be examined and promoted

to such advanced standing as their acquirements entitle them to. Candidates for the second year will come prepared for the examination in anatomy on the bones, joints and muscles; on nutrition in physiology; on the inorganic part of Atfield's chemistry; on the optical principles of the microscope, with thirty different objects, prepared and mounted by themselves, and on the principles of botany.

For graduation: 1) twenty-one years of age; 2) good character; 3) three years' study, the last of which, at least, must have been spent in this school; 4) satisfactory examinations.

FEEs: Matriculation, \$5; lectures, \$100; chemical laboratory, \$10; anatomical laboratory, \$10; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percentage.
1878-79	40	5	12.5
1879-80	51	6	11.7
1880-81	60	20	33.3
1881-82	45	11	24.4
1882-83	44	12	27.2
1883-84	46	11	23.9
1884-85	38	11	29

Average percentage of graduates to matriculates for the past seven years, *twenty-three*.

REMARKS: "Besides the faculty examinations, candidates for the degree are examined orally by the censors appointed by the State, district and county medical societies."

THE REGENTS OF THE UNIVERSITY OF NEW YORK STATE.

OFFICE AT ALBANY, N. Y.

FROM the law conferring the power of granting diplomas, passed in 1872, the following is taken:

The regents of the University shall not grant a diploma conferring the degree of Doctor of Medicine upon any one who has not, for at least three years after the age of sixteen, pursued the study of medical science with some physician or surgeon duly authorized to practice, and also attended two complete courses of all the lectures delivered to an incorporated medical college. The regents of the University in the State of New York are authorized to appoint one or more boards of examiners in medicine, which shall consist of not less than seven regularly licensed physicians and surgeons in the State. This board shall examine all candidates, referred to them by the chancellor, in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery and therapeutics.

All persons who are over twenty-one years of age, of good moral character, and can produce to the chancellor satisfactory proof that they have competent knowledge of all the branches of learning taught in the common schools of the State, and of the Latin language, and have diligently studied medicine for not less than three years, can apply to the chancellor for an examination by a board of examiners. The fee for an examination shall be \$25. The regents shall grant, to any candidate who has been recommended by five members of the board of examiners, a diploma conferring the degree of Doctor of Medicine from the University of New York. Ten dollars must be paid for this diploma.

UNITED STATES MEDICAL COLLEGE—*Eclectic*.

NEW YORK CITY.

ORGANIZED in 1878, in a manner which has since been declared illegal by the State Supreme Court. Extinct since 1882.

COLLEGE OF PHYSICIANS AND SURGEONS OF BUFFALO.

BUFFALO, N. Y.

ORGANIZED in 1879, in a manner which has been decided illegal by the Supreme Court of the State. The first class was graduated in 1880. No class was graduated in 1882. From a circular issued prior to the last session, the following extracts are taken: "The character of the teachings will, as in the past, be liberal to the fullest extent; allopathy and homeopathy being thoroughly taught by an able staff of medical men. Liberal medicine is rapidly surpassing the old and 'bigotted' system, whose graduates should not be considered thoroughly 'competant' to go out into the world to practice the *healing art*; whereas, Liberal Medicine gives them a thorough knowledge of *all* the useful systems, thereby enabling them to more successfully cope with disease and death."

NIAGARA UNIVERSITY, MEDICAL DEPARTMENT.

BUFFALO, N. Y. A. A. HUBBELL, M.D., Secretary, 212 Franklin street.

ORGANIZED in 1883. The faculty embraces eleven professors, four lecturers and two demonstrators, and three assistants to the chairs of obstetrics, surgery and materia medica.

COURSE OF INSTRUCTION: A winter course of twenty-five weeks' duration and a spring course of eight weeks, are given annually. The current winter course began September 30, 1885, and will continue until April 14, 1886. The time of study required is three years, including three full terms of medical lectures of six months each, and an extension to four years is recommended.

Division of studies: First year—general chemistry, materia medica, pharmacy, histology, anatomy, physiology, dissections, laboratory work. Examinations at the end of the year in general chemistry, materia medica and pharmacy. Second year—medical chemistry, anatomy, physiology, pathology, therapeutics, hygiene, obstetrics, principles and practice of medicine, principles and practice of surgery, dissections, laboratory work, clinics. Examinations at the end of the year in medical chemistry, anatomy (completed), physiology (completed), pathology, therapeutics (general), and obstetrics in part. Third year—principles and practice of medicine, principles and practice of surgery, operative surgery, obstetrics, diseases of children, diseases of women, diseases of the eye, ear and throat, diseases of the skin, diseases of the nervous system and insanity, genito-urinary diseases, medical jurisprudence, clinical instruction in each department. Examinations at the end of the year for the degree. Students who have attended one full course of lectures elsewhere will be admitted to the second year of this school, after passing the examinations of the first year's studies.

REQUIREMENTS: For admission—"Students desiring to be admitted to the curriculum of this school must present evidences of a good moral character; they must possess a sufficient knowledge of the fundamental branches of education to enable them to profitably pursue the study of medicine. Candidates not presenting such evidences of preliminary qualifications will be required to pass an examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy, and in Latin, including Arnold's 'First Latin Book' or its equivalent." Students not possessing the required amount of Latin may enter conditionally "upon their qualifying themselves by the beginning of the second year." Those who have received a collegiate degree, who have passed the matriculatory examination of a recognized college, or who have a certificate covering the required subject from a recognized normal or high school, or other institution, may enter without examination.

For graduation: 1) twenty-one years of age; 2) a liberal education; 3) at least three years' study of medicine; 4) a good moral character; 5) at least three full courses of medical lectures; 6) completion of the curriculum of this school; 7) satisfactory final examinations before the faculty and board of examiners.

FEES: Matriculation \$5; lectures, \$60; demonstrator, \$5; graduation, \$25; spring course, \$15.

STUDENTS: During the session of 1883-84 there were 13 matriculates, and during the last session, 1884-85, there were 23.

NORTH CAROLINA.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NORTH CAROLINA.

CHAPEL HILL, N. C.

ORGANIZED in 1796. This school only gives instruction in medicine, and does not now grant degrees. It granted diplomas in former years.

LEONARD MEDICAL COLLEGE.

Medical Department of Shaw University.

RALEIGH, N. C. C. S. PRATT, M. D., Dean of the Faculty.

ORGANIZED in 1882, for the education of colored students. The faculty consists of six professors.

COURSE OF INSTRUCTION: The session of 1885-86, beginning November 2, 1885, continues five months. Graded course of study, extending over four years.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, laryngology, ophthalmology and otology, diseases of children, dermatology and diseases of the nervous system.

Order of studies: First year—anatomy, physiology, general chemistry, and materia medica; second year—practical anatomy, medical chemistry, physiology, pathological anatomy, practice of medicine, and surgery; third year—therapeutics, obstetrics, theory and practice of medicine, and surgery; fourth year—ophthalmology, otology, dermatology, syphilis, laryngology, diseases of the nervous system, diseases of women, diseases of children, operative surgery, forensic medicine, and clinical instruction.

REQUIREMENTS: For admission—"Applicants must be at least eighteen years of age, and will be required to pass a preliminary examination sufficient to show their fitness to enter upon the study of medicine, unless they can furnish a certificate of their previous standing in school from some principal or president of a reputable institution of learning." A literary course of two years' duration, preliminary to the medical course, has been established by the university. Nine students have completed this course.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) four-years graded course; 4) dissect the entire cadaver; 5) thesis; 6) satisfactory examination, an average of seventy-five percent, being required to pass.

FEES: Matriculation, \$5; lectures, \$60; graduation, \$20.

STUDENTS: Number of matriculates, session of 1883-84, 12; session of 1884-85, 17.

MEDICAL COLLEGE IN ROBESON COUNTY, N. C.

"A COLLEGE, located in the back-woods of Robeson county, was chartered by the State, in 18— . After a career as harmful as it was possible for it to be—sending out yearly numbers of men with diplomas, to prey upon innocent communities on the South Carolina border—it came to an abrupt end, by the death of its only professor."—Dr. THOS. C. WOOD.

OH. O.

MEDICAL COLLEGE OF OHIO.

CINCINNATI, O. JAMES G. HYNDMAN, M. D., Secretary, 22 W. Ninth street.

ORGANIZED in 1819. The first class was graduated in 1821. Classes have been graduated each subsequent year. In 1858 the Miami Medical College was merged into this institution, and continued in this relation until 1865, when the Miami was re-established. (See Miami Medical College, infra.)

The faculty embraces ten professors, nine assistants to chairs, three lecturers and three demonstrators.

COURSE OF INSTRUCTION: The collegiate year embraces a winter and a short spring course. The former, for the session of 1885-86 began September 17, 1885, and will close March 1, 1886. The spring course will begin about the middle of March and continue for six weeks. Clinics at hospital and dispensary, and private courses for advanced students and practitioners on special topics in medicine and surgery.

Lectures embrace ophthalmology, otology, anatomy, clinical surgery, materia medica, therapeutics, clinical medicine, theory and practice of medicine, principles and practice of surgery, obstetrics, diseases of children, gynecology, physiology, medical chemistry, clinical laryngology, pathology, dermatology, histology and hygiene.

REQUIREMENTS: For admission—"Applicants for admission to the college must give evidence of at least a good English education, including mathematics and elementary principles of physics. An examination on these subjects, as taught in the common schools, will be conducted by a committee of the faculty. Graduates of a literary or scientific college, high school or academy, gentlemen having a county or State teacher's certificate, graduates in medicine, and students desiring to pursue a special course of study—other than for the purpose of securing the degree—will be exempt from this examination. * * * Students whose previous course of study is equivalent to that required for admission may, by special arrangement, be admitted on certificate of their preceptors."

"The general demand for a good preliminary education of those about to enter our profession is shown by the recent utterances of the American Medical Association and the enactments of several State boards of health. We desire to call special attention to the fact that in several States the diplomas of such schools as do not require an examination preliminary to entrance are not accepted as qualifying for practice."

For graduation: 1) satisfactory evidence of good moral character, and having attained the age of twenty-one years; 2) satisfactory certificate of having studied medicine for at least three years under a *regular* graduate, or licentiate and practitioner of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession. "No candidate shall be eligible for final examination for graduation unless his term of three years' study shall have been completed, or shall expire at a date no later than three months after the close of the final examinations;" 3) at least two full courses of instruction; 4) dissections of at least two regions of the body; 5) clinical instruction (hospital) during each year attendance; 6) a satisfactory examination in each branch taught in the college.

FEES: Professors' tickets, \$75; matriculation ticket, \$5; dissecting ticket (including material), \$10; practical chemistry (including material), \$10; practical histology (including material), \$10; practical pathology (including material), \$10; hospital ticket, \$5; graduation fee, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percentage.
1877-78	304	102	33.5
1879-80	326	103	31.6
1881-82	341	104	30.5
1882-83	302	102	33.7
1883-84	257	100	38.8
1884-85	209	58	27.7

Average percentage of graduates to matriculates for the six years reported, *thirty-two*.

WORTHINGTON MEDICAL COLLEGE—*Eclectic*.

Medical Department of Ohio University.

WORTHINGTON, O.

ORGANIZED in 1832. Removed to Cincinnati in 1843. Classes were graduated in 1834, 1835, 1836, 1837 and 1838. In 1845 the name was changed, and it became the Eclectic Medical Institute. (Vide *infra*.)

CINCINNATI MEDICAL COLLEGE.

CINCINNATI, O.

ORGANIZED in 1834. Merged into the Medical College of Ohio in 1846.

WILLOUGHBY UNIVERSITY, MEDICAL DEPARTMENT.

WILLOUGHBY, Lake County, O.

ORGANIZED in 1835.—Extinct.

PHYSIO-MEDICAL COLLEGE.

Cincinnati Literary and Scientific Institute.

CINCINNATI, O.

ORGANIZED in 1836. Graduated classes until 1880. Extinct.

AMERICAN MEDICAL COLLEGE—*Eclectic*.

CINCINNATI, O.

ORGANIZED in 1839. Merged into the Eclectic Medical Institute in 1857.

WESTERN RESERVE UNIVERSITY, MEDICAL DEPARTMENT.

Cleveland Medical College, Medical Department of Adelbert College of the Western Reserve University.

CLEVELAND, O. C. B. PARKER, M. D., Secretary, 352 Erie street.

ORGANIZED in 1813, as the Medical Department of the Western Reserve University. Reorganized in 1881, when the name became the Medical Department of Adelbert College. See appended remarks. In 1881 the former and present title was resumed. The first class was graduated in 1844. Classes have been graduated each subsequent year.

The faculty embraces fourteen professors, one lecturer and one demonstrator.

COURSE OF INSTRUCTION: The college year embraces a special spring and a regular winter course. The spring term of 1885 opened the first Wednesday in April and continued twelve weeks; the regular winter term opened September 16, 1885, and will close March 3, 1886. The plan of instruction includes lectures, clinics, recitations, quizzes and practical demonstrations. Three-years' graded course recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, diseases of children, and orthopedic surgery.

REQUIREMENTS: For admission—1) credible certificate of good moral standing; 2) diploma of graduation from a literary and scientific college or high school; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

For graduation: 1) good English education; 2) twenty-one years of age; 3) three-years' study; 4) two full courses of lectures; 5) satisfactory examination to the faculty and board of censors.

FEES: Matriculation, \$5; lectures (including hospital), \$50; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	86	27	31.4
1881-82	188	83	44.1
1882-83	161	50	31
1883-84	167	54	32.3
1884-85	126	56	44.4

Average percentage of graduates to matriculates for the five years reported, *thirty-seven*.

REMARKS: In 1884, Dr. PARKER, the Secretary, furnished the following historical information: In 1881, Mr. AMASA STONE, of Cleveland, donated \$500,000 to the Western Reserve University, then at Hudson, O., on condition that the name should be changed to Adelbert College of Western Reserve University, and the college be removed to Cleveland. About the same time the Cleveland Medical College and the Medical Department of Wooster University united as the Medical Department of Western Reserve University. Through Mr. STONE's efforts the bill of incorporation, passed in 1881, changed this title to the Medical Department of Adelbert College of Western Reserve University; but on his death the heirs consented to the resumption of the present title, and in March, 1882, the *ad eundem* degree of the Medical Department of Western Reserve University was conferred upon all graduates of the Cleveland Medical College, and upon such graduates of the Wooster Medical Department previous to 1881 as desired it.

Dr. PARKER adds: "We have a strict entrance examination and a written final examination. One-half of our students take the three-years' graded course."

ECLECTIC MEDICAL INSTITUTE.

CINCINNATI, O. JOHN M. SCUDDER, M. D., 28 Court street.

ORGANIZED in 1845, as the successor of the Worthington Medical College (organized in 1832). The American Medical College was merged into this school in 1857, and the Eclectic College of Medicine and Surgery in 1859. The first class was graduated in 1845, and two or more classes have been graduated each subsequent year.

The faculty embraces eight professors and a demonstrator; the professor of pathology and the practice of medicine also lectures upon hygiene, and the professor of surgery lectures upon medical jurisprudence.

COURSE OF INSTRUCTION: Two sessions annually. The regular session of 1885-86 commenced September 1, 1885, and continues twenty weeks; the spring session will commence January 11, and close June 2, 1885. A three-years' graded course is recommended, but not required. Clinics at hospital and college.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, clinical medicine, pathology, surgery, obstetrics and gynecology, hygiene and medical jurisprudence.

REQUIREMENTS: For admission—1) credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college, or high school, or a first grade teacher's certificate; lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy.

For graduation: "Students applying for graduation must have read medicine for three years and attended two full courses of lectures in different years, the last of which has been in this institution; or have read two years and attended three courses of lectures; or have attended four courses of lectures without previous reading. Examinations for the degree of Doctor of Medicine will be held at the close of both winter and spring sessions, but there will be but one public commencement yearly—at the close of the spring session, and all diplomas will bear date of the first Tuesday in June."

FEES: Lectures, including matriculation and demonstrator's fees, \$75; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	267	121	45.3
1878-79	209	74	35.4
1879-80	243	50	20.5
1880-81	316	114	36+
1881-82	272	100	36.7
1882-83	225	64	28.4
1883-84	190	83	43.6
1884-85	169	69	40.8

Average percentage of graduates to matriculates for the past eight years, *thirty-six*.

STARLING MEDICAL COLLEGE.

COLUMBUS, O. T. C. HOOVER, M. D., Registrar, 229 East State street.

ORGANIZED in 1847. First class was graduated in 1848, and classes have been graduated in each subsequent year.

The faculty embraces eleven professors, one lecturer and one demonstrator.

COURSE OF INSTRUCTION: The regular session of 1885-'86 began September 16, 1885, and closes March 4, 1886. A three-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, diseases of children, ophthalmology and otology, and toxicology.

REQUIREMENTS: For admission—1) credible certificate of good moral standing; 2) diploma of graduation from a good literary and scientific college or high school, or first grade teacher's certificate. Lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

For graduation: 1) twenty-one years of age, certificate of good moral character; 2) three years' study; 3) two full courses; 4) successful examination; clinics in hospital; 5) thesis; 6) one course of dissection; chemical laboratory.

FEES: Matriculation, \$5; demonstrator, \$5; lectures, \$50; laboratory, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	65	26	40
1878-79	48	20	41.8
1879-80	71	26	36.6
1880-81	99	35	35.3
1881-82	116	53	45.7
1882-83	59	25	40.7
1883-84	71	25	35.2
1884-85	85	30	35.2

Average percentage of graduates to matriculates for the past eight years, *thirty-nine*.

HOMEOPATHIC HOSPITAL COLLEGE.

CLEVELAND, O. G. J. JONES, M. D., Registrar, 91 Public Square.

ORGANIZED in 1849, as the Western College of Homeopathic Medicine. In 1857 the name was changed to the Western Homeopathic College, and in 1870 the corporation assumed the present title. In 1870 the Homeopathic College for Women was merged into this institution. The first class was graduated in 1850. Classes have been graduated in each subsequent year.

The faculty embraces ten professors, one adjunct professor, five lecturers, and one demonstrator.

COURSE OF INSTRUCTION: The regular annual term of 1885-'86 began September 23, 1885, and closes March 24, 1886. A three-years' graded course is recommended, but not required. Previous to each lecture the class will be daily questioned upon the subjects of the preceding lecture.

Lectures embrace anatomy, physiology, chemistry, materia medica, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, hygiene and sanitary science, ophthalmology and otology, histology, nervous and mental diseases.

REQUIREMENTS: For admission—"All applicants must present a degree in letters or science, a diploma from a high school or academy, or a teacher's certificate, or pass a creditable examination in orthography, penmanship, composition, English grammar and United States history. This examination is designed to show that each matriculate has at least a fair English education."

For graduation: 1) twenty-one years of age; 2) two full courses of lectures; 3) three years' study; 4) good English scholarship; 5) well sustained written examinations.

FEES: Matriculation (paid only once), \$5; lectures, \$60; demonstrator, \$10; hospital, \$5; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1877-78	106	34	32
1878-79	108	25	23+
1879-80	130	25	19.2
1880-81	131	26	19.8
1881-82	129	26	20+
1882-83	131	55	50.9
1883-84	91	40	43.9
1884-85	84	30	35.7

Average percentage of graduates to matriculates for the past eight years, *twenty-nine*.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

CINCINNATI, O. J. H. HAZARD, M. D., Secretary, 164 George street.

ORGANIZED in 1849. The first class was graduated in 1852, and one or more classes have been graduated each subsequent year.

The faculty embraces sixteen professors and one demonstrator.

COURSE OF INSTRUCTION: The regular graduating session of 1885-86 began September 15, 1885, and closes February 25, 1886, with a holiday vacation of ten days. Students may, if they desire, have their course of instruction graded.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, ophthalmology and otology, laryngology, oral surgery, and diseases of children.

REQUIREMENTS: For admission—"Students applying for admission must present satisfactory evidences, by examination, diploma, or teacher's certificate, of an adequate English education; second course students applying for admission from regular colleges not fully recognized by this institution will be examined by the faculty, after which, if qualified, they will receive credit for a course of lectures."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) three years' study; 5) satisfactory examination; 6) practical anatomy for one session; 7) hospital clinics for one session.

FEES: Matriculation, \$5; demonstrator (including material), \$10; hospital, \$5; chemical laboratory, \$5; lectures, \$40; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1876-77	137	68	50—
1877-78	80	32	40
1878-79	—	26	—
1879-80	66	27	40.9
1880-81	93	30	32.2
1881-82	35	15	42.8
1882-83	46	15	34.7
1883-84	—	14	—
1884-85	53	25	47.1

Average percentage of graduates to matriculates for the past seven years, *forty-one*.

MIAMI MEDICAL COLLEGE.

CINCINNATI, O. WM. H. TAYLOR, M. D., Dean, 329 West Seventh street.

ORGANIZED in 1852. Classes were graduated from 1853 to 1857, inclusive. In 1858 this college was merged into the Medical College of Ohio—which see, ante. In 1865 the Miami Medical College was re-established and a class was graduated in 1866, since which time classes have been graduated annually.

The faculty embraces eleven professors, two lecturers, eight assistants to chairs, three demonstrators and one pharmacist.

COURSE OF INSTRUCTION: The winter session of 1885-86 began September 17, 1885, and continues for five and a half months; this will be followed by a spring term. A three-years' graded course recommended, but not required—see "Remarks" appended. Special hours are devoted by each professor to review examinations of his preceding lectures. Clinics at dispensary and hospital.

Lectures embrace (by chairs) clinical medicine, principles and practice of surgery, ophthalmology, aural surgery and clinical ophthalmology, obstetrics and clinical midwifery, principles and practice of medicine and clinical medicine, materia medica and therapeutics, diseases of women and children and clinical gynecology, chemistry and toxicology, genito-urinary and venereal diseases and clinical surgery, physiology, clinical laryngology and hygiene, descriptive and surgical anatomy and clinical medicine.

REQUIREMENTS: For admission—1) credible certificate of good moral standing; 2) diploma of graduation from a good literary and scientific college or high school; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; one course of 5) practical anatomy, 6) of practical chemistry, and 7) of clinics at the hospital; 8) full and satisfactory examination on each branch taught in the college.

FEES: Matriculation, \$5; demonstrator, \$5; practical chemistry, \$7; practical physiology and histology, \$7; lectures, \$75; graduation, \$25; hospital, \$5.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	129	50	38.7
1878-79	120	33	27.5
1879-80	147	48	32.7
1880-81	126	34	27—
1881-82	124	41	33+
18-2-83	114	41	36—
1883-84	104	28	26.9
1884-85	104	27	25.9

Average percentage of graduates to matriculates for the past eight years, *thirty-one*.

REMARKS: The system of instruction is so arranged as to give the student his choice of two courses; one of these is the course commonly given in other medical colleges, and may be completed (in the college) in two years, and consists of two courses of didactic and clinical lectures, including laboratory instruction and dissections. The other course is designated the "Graded Course," and based upon the fact that a regular systematic graded course is the proper one (indeed necessary) for acquiring a knowledge of any of the sciences, and a number of years' experience in this school has fully demonstrated that the "Graded Course" is, in every respect, much the better one of the two, and is urged upon the students by the faculty, as it allows ample time for thorough and practical work in all departments, while the evils of the cramming system are avoided.—*Extract from the Twenty-fifth Annual Announcement.*

ECLECTIC COLLEGE OF MEDICINE AND SURGERY.

CINCINNATI, O.

ORGANIZED in 1856. Classes were graduated in 1857, 1858 and 1859. Merged into the Eclectic Medical Institute in 1859.

PHYSIO-MEDICAL INSTITUTE.

CINCINNATI, O.

ORGANIZED in 1859.—Extinct, 1885.

UNIVERSITY OF WOOSTER. MEDICAL DEPARTMENT.

CLEVELAND, O. WM. T. CORLETT, M. D., Registrar, 143 Euclid Avenue.

ORGANIZED in 1864, as the Charity Hospital Medical College. It was transferred to its present connection in 1870. The first class was graduated in 1865. One or more classes have been graduated in each subsequent year, excepting 1881.

The faculty embraces fourteen professors, two assistants to chairs, and one demonstrator.

COURSE OF INSTRUCTION: Two equal sessions of five months each. The sessions of 1885-86 opened September 16, 1885, and March 3, 1886, respectively. Students who have fulfilled the requirements can graduate at the close of either session. A graded course, covering four sessions in two years, is recommended but not required. Clinics in hospital and dispensary. Five recitations are held each week by professors to review their lectures.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, dermatology, diseases of children, ophthalmology and otology.

REQUIREMENTS: For admission—1) "Credible certificates of good moral standing, 2) diplomas of graduation from a good literary and scientific college or high school, or first grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition and elementary physics, or natural philosophy."

For graduation: 1) "Twenty-one years of age; 2) three years' study; 3) complete dissections of the human body during his two courses; 4) two full courses of lectures; 5) satisfactory written examinations on all branches taught. "Candidates (for graduation) having no registration in this college must furnish the following: 1) a certificate of character and prior educational attainments; 2) a certificate of time of study with the date of beginning; and 3) certificates showing what lectures—if any—they have attended, and with whom, and to what extent they have studied practical anatomy."

FEES: Matriculation, \$5; hospital, \$5; demonstrator, \$5; lectures, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878	83	24	29—
1879	89	37	41.5
1880	88	38	43+
1881	106	37	35—
1882	33	14	42.4
1883	57	17	21+
1884	46	16	34.7
1885	49	24	49

Average percentage of graduates to matriculates for the past eight years, *thirty-eight*.

PULTE MEDICAL COLLEGE—*Homeopathic*.

CINCINNATI, O. J. M. CRAWFORD, M. D., Registrar, 136 W. Eighth street.

ORGANIZED in 1872. The first class was graduated in 1873. Classes have been graduated in each subsequent year.

The faculty embraces twelve professors, three lecturers and two demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86 began September 21, 1885, and closes March 3, 1886. A three-years' graded course is recommended, but not required. Clinics at hospital and dispensary; quizzes by professors and students' society.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, ophthalmology and otology, diseases of nervous system, pedology, medical jurisprudence, pharmacology, hygiene and sanitary science, and genito-urinary diseases.

REQUIREMENTS: For admission—"An entrance examination will be held preliminary to matriculation, covering the common English branches. Any student presenting a college or high school diploma, or a certificate of admission to any literary college, or a teacher's certificate, will be exempt from this examination. This rule does not apply to those who have already matriculated in this college."

For examination: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) three years' study; 5) thorough examination on all subjects taught in the school; 6) dissection of two parts.

FEES: Matriculation (paid but once), \$5; lectures, \$50; hospital, \$5; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	—	44	—
1878-79	—	29	—
1879-80	—	22	—
1880-81	88	41	46.6
1881-82	79	34	43+
1882-83	66	31	47
1883-84	65	16	24.6
1884-85	52	30	57.7

Average percentage of graduates to matriculates for the past five years, *forty-three*.

AMERICAN HEALTH COLLEGE.

CINCINNATI, O.

ORGANIZED in 1874-'6. The faculty embraces one person, who teaches "the great vitapathic system, which he originated and copyrighted." The following is extracted from the author's "little red book":

"The author furnishes books, printed lessons, formulas, receipts, specifics, and special modes of vital treatment for all diseases, with the sure method of diagnosis, and all lessons belonging to the vitapathic system, with diploma and full right to practice, to physicians of all schools and all well qualified persons, who can learn the new system at home. Males, for \$100. Females, for \$75. Male students who need verbal lessons and full college course, with all the above, \$150. Female students (the same), \$100.

"N. B.—Students can get general medical instruction wherever most convenient, but best at our branches in the different cities of the Union, preparatory to applying here for vitapathy and its higher graduation, with the grand diploma of the American Health College, the highest institution in the world.

"College open for instruction and graduation at all times. Terms cash. No diploma, or books, or lessons, or rights, sold separate. All must go together to complete the system to fully paid-up students."

The possessor of one of these diplomas was recently arrested in Illinois for practicing without the certificate prescribed by law—the STATE BOARD OF HEALTH having refused to issue such certificate on the diploma. On trial the man was found guilty, and left the State.

COLUMBUS MEDICAL COLLEGE.

COLUMBUS, O. J. M. DUNHAM, A. M., M. D., Secretary, 198 East Town street.

ORGANIZED in 1875. The first class was graduated in 1876. Classes have been graduated each subsequent year.

The faculty embraces twelve professors, three lecturers, one demonstrator of anatomy, one demonstrator of chemistry, and three assistants.

COURSE OF INSTRUCTION: The session of 1885-86 began September 9, 1885, and closes March 6, 1886. Instruction consists of didactic and clinical lectures, with daily quizzes.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, ophthalmology, otology, histology and diseases of children.

REQUIREMENTS: For admission—"Holders of degrees in the arts and sciences, those who have successfully made the entrance examination to any college, graduates of high schools and normal schools, and those who hold certificates for one year to teach in the public schools or their equivalent, will be admitted on these testimonials. All others must exhibit evidences of the possession of a good English education."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two courses of lectures; 4) three years' study; 5) complete dissection of the human body; 6) thesis; 7) satisfactory examination.

FEES: Matriculation (each term), \$5; lectures, first course, \$30, second course, \$30, third course, \$15; demonstrator, \$5; demonstrator of chemistry, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	118	51	42+
1878-79	144	50	34.7
1879-80	126	41	32.5
1880-81	142	61	42+
1881-82	131	59	45+
1882-83	123	46	37+
1883-84	77	30	38.9
1884-85	51	18	35.2

Average percentage of graduates to matriculates for the past eight years, *thirty-nine*.

PHYSIO-ECLECTIC MEDICAL COLLEGE.

CINCINNATI, O.

ORGANIZED in 1876.—Extinct. A fraudulent institution engaged in the sale of diplomas. In 1879 the name was changed to the American Eclectic Medical College, and a new charter was obtained, but the same practices were continued under the new title.

TOLEDO SCHOOL OF MEDICINE.

TOLEDO, O.

ORGANIZED in 1878, as a school of instruction only, and did not confer degrees. It held three sessions and was then suspended. See Northwestern Ohio Medical College.

AMERICAN ECLECTIC MEDICAL COLLEGE.

CINCINNATI, O. B. K. MALTBY, M. D., Dean, 192-94 W. Fifth street.

ORGANIZED in 1883. The faculty embraces eleven professors.

COURSE OF INSTRUCTION: A preliminary session of four weeks, which may be occupied, free of cost, in acquiring or receiving branches that are to come into the preliminary examination, i. e., the usual English branches with critical exercises in syntax, English composition, etc., and technical terms in Latin and Greek, with style and language of prescriptions. One annual graduating session; that for 1885-86 opened October 6, 1885, and will close February 23, 1886. There is a post-graduate session occupying eight weeks, February 24, to April 20, 1886.

Lectures embrace anatomy, physiology, pathology, histology and microscopy, materia medica, principles and practice of medicine, surgery, obstetrics, gynecology, chemistry, toxicology, therapeutics, clinical medicine, electro-therapeutics, dermatology, sanitary science and medical jurisprudence.

REQUIREMENTS: For admission—In the absence of collegiate or high-school graduation certificates, applicants will be required to pass an examination on the usual branches of an English education, including elementary mathematics, natural science, English composition and so much of Latin and Greek as will be required to understand medical terms and the writing of prescriptions.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years of previous medical study; 4) two full courses of medical lectures in separate years, the last to have been in this college; 5) two dissecting courses under a demonstrator and a final examination covering the whole course of studies in this college.

FEES: Matriculation, (paid once only), \$5; lectures, each session, \$60; Cincinnati Hospital fee, \$5; demonstrator, each session, \$5; dissecting material, each session, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	13	6	46+
1884-85	15	8	53.3

Average percentage of graduates to matriculates, *fifty*.

TOLEDO MEDICAL COLLEGE.

TOLEDO, O. J. H. POOLEY, M. D., Secretary, 200 Cherry street.

ORGANIZED in 1883. The first class was graduated in 1883.

The faculty embraces thirteen professors, two lecturers and two demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86, the winter session, began October 1, 1885, and closes March 1, 1886; the spring session will begin April 1, 1886, and continue twelve weeks. A three-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, toxicology, diseases of children, histology and pathology, and pharmacy.

REQUIREMENTS: For admission—"Students before being admitted to the class, must present a diploma from some literary and scientific college, or high school, or a first grade teacher's certificate, or in lieu thereof, pass an examination before the executive committee of the faculty, on the branches of a good English education, including mathematics, English composition and natural philosophy."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) a complete dissection of the body; 6) thesis; 7) satisfactory examination on all branches taught.

FEES: Matriculation, \$5; lectures, \$40; lectures, spring course, \$10; demonstrator, \$5; practical chemistry, \$5; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883	19	7	36.8
1883-84	33	14	42.4
1884-85	38	13	34.2

Average percentage of graduates to matriculates, *thirty-eight*.

NORTHWESTERN OHIO MEDICAL COLLEGE.

TOLEDO, Ohio. C. A. KIRKLEY, M. D., Secretary. Jefferson and Eleventh streets.

ORGANIZED in 1883. This college is an outgrowth of the Toledo School of Medicine, which see *ante*.

The faculty embraces thirteen professors, two lecturers, one demonstrator.

COURSE OF INSTRUCTION: The session of 1885-86 began September 16, 1885, and will continue six months. Didactic lectures, clinical instruction in hospital and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, principles and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, diseases of children, diseases of the mind and nervous system, laryngology.

REQUIREMENTS: For admission—"Students desiring to attend the lectures of this college must furnish: 1) satisfactory certificates of a good moral character; 2) diploma of graduation from a literary and scientific college or high school, or in absence of this, 3) must pass a satisfactory examination in the branches necessary to a good English education, including mathematics, English composition and elementary physics or natural philosophy.

For graduation: 1) good moral character; 2) three years' study; 3) twenty-one years of age; 4) two full courses of dissection; 5) two full courses of lectures; 6) attendance during at least two terms of clinical and hospital instruction; 7) must pass a satisfactory examination on all branches, to be conducted, when practicable, by other competent examiners than the professors in each branch; 8) regular attendance during the entire lecture courses, allowance being made only for absence occasioned by the student's sickness, such absences not to exceed twenty per cent. of the course; 9) attendance upon regular examination, or quizzes made by each professor, daily or at least twice each week; 10) thesis.

FEES: Matriculation, \$5; demonstrator, \$5; lectures, \$40; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	11	1	9
1884-85	14	4	28.5

Average percentage of graduates to matriculates for the past two years, *twenty*.

COLLEGE OF PHYSICIANS AND SURGEONS.

COLUMBUS, O.

No definite information has been obtained concerning this college.

OREGON.

WILLAMETTE UNIVERSITY, MEDICAL DEPARTMENT.

PORTLAND, Or. E. P. FRAZER, M. D., Dean of the Faculty.

ORGANIZED in 1861, and located at Salem. It was removed to Portland in 1878. The first class was graduated in 1867. Classes have been graduated in each subsequent year.

The faculty embraces eleven professors and one demonstrator.

COURSE OF INSTRUCTION: The session of 1885-86 began November 2, 1885, and will continue twenty-two weeks. A three-years' graded course is advised, but not required. Instruction imparted by didactic and clinical lectures, practical work in dissecting room, chemical and physiological laboratories, and by daily quizzes upon the subjects of the preceding lectures.

Lectures embrace anatomy, physiology, chemistry, materia medica, and therapeutics, principles and practice of medicine, pathology, surgery, obstetrics, and gynecology, and diseases of children, medical jurisprudence, diseases of the mind and nervous system, and hygiene.

REQUIREMENTS: For admission—"1) credible certificate of good moral character; 2) diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate; or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy." Women admitted on the same terms, with the same advantages as men.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) must have been engaged in the study of medicine at least three years, and attended two full courses of lectures; 4) must have attended hospital clinics and dissections as long as he was a student thereof; 5) thesis; 6) successful examination as to professional attainments.

FEES: Matriculation, \$5; demonstrator, \$10; lectures, \$120; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	25	7	28
1878-79	32	8	25
1879-80	27	6	22+
1880-81	31	13	42—
1881-82	29	9	33.3
1882-83	28	10	36—
1883-84	24	10	41.6
1884-85	23	8	34.8

Average percentage of graduates to matriculates for the past eight years, *thirty-two*.

PENNSYLVANIA.

UNIVERSITY OF PENNSYLVANIA, DEPARTMENT OF MEDICINE.

PHILADELPHIA, Pa. JAMES TYSON, M. D., Secretary, Thirty-sixth street and Woodland Avenue.

ORGANIZED in 1765, as the Department of Medicine of the College of Philadelphia, the sixth in the order of succession of American colleges, being chartered chiefly through the influence of Dr. BENJAMIN FRANKLIN and Dr. WILLIAM SMITH. The first medical diploma issued in America was granted to Dr. JOHN ARCHER, in 1768, by this department, then known as the College of Medicine in Philadelphia. On the organization of the University of Pennsylvania, in 1782, the college assumed its present title and relations, the successor of the College of Philadelphia. Classes have been graduated each year since 1768, except in 1772 to 1779, inclusive, during the War of Independence.

The faculty embraces eighteen professors, one assistant professor, twenty-four demonstrators, five lecturers, seven instructors and a prosector of anatomy.

COURSE OF INSTRUCTION: Sessions of 1885-86—The spring session began May 6, and ended about the middle of June, 1885; the preliminary session began September 4, 1885, and ended September 30, and the winter session began October 1, 1885, and ends May 1, 1886. Attendance upon three winter sessions is obligatory. The course is graded and extends over three years. A four-years' graded course is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology and morbid anatomy, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology. This enumeration is to be understood as including the collateral studies and special branches of the general subjects.

REQUIREMENTS: For admission—A collegiate degree, or a certificate of having passed the matriculation examination of a recognized college; or a certificate, covering the required subjects, from a recognized normal or high school, or from a duly organized county medical society that has instituted a preliminary examination; or a preliminary examination embracing, first, a brief essay, not exceeding a page of foolscap, which will serve as a test of qualifications in orthography and grammar; second, an examination in the elementary principles of physics, on the subjects considered, in Part I of Fownes' Chemistry.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) three full courses of lectures; 5) satisfactory examinations.

Students who have attended one course in a regular medical school are admitted as students of the second course in the University of Pennsylvania, after having passed a satisfactory examination in general chemistry and materia medica and pharmacy. Students who have attended two courses in a regular medical school will be admitted as students of the third course in this institution, after having satisfactorily passed an examination in general and medical chemistry, materia medica and pharmacy, anatomy and physiology. Graduates of other regular medical schools in good standing will be admitted as students of the third class without examination. Graduates of colleges of pharmacy and dental colleges in good standing are admitted to the second course on passing the admission examination only.

FEES: Matriculation, \$5; lectures, including laboratory and dissection, for each year, \$150.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	375	127	33.8
1878-79	343	91	26.5
1879-80	377	116	30.7
1880-81	374	115	30.7
1881-82	363	122	33.6
1882-83	367	101	28.3
1883-84	367	103	28.4
1884-85	370	101	27.3

Average percentage of graduates to matriculates for the past eight years, *thirty*.

REMARKS: During the first and second years, much of the student's time is occupied with practical work in the various laboratories of chemistry, pharmacy, osteology, histology and pathological histology, and in dissection; but throughout the second and third sessions he is required to attend the general medical and surgical clinics at the University and Philadelphia hospitals, while special clinical facilities are provided for the third year. In this year, each student receives bedside instruction in clinical medicine and surgery, in physical diagnosis, and in gynecology. Opportunities are afforded for the practical study of diseases of the eye, ear, throat and skin, and for acquiring proficiency in the use of the various instruments employed in their treatment. For this purpose the third year class is divided into sections of convenient size, each of which receives direct personal instruction in the various practical subjects above mentioned. Advanced students may make original researches in the laboratories of pharmacy, chemistry, physiology, pathology, and experimental therapeutics.

JEFFERSON MEDICAL COLLEGE.

PHILADELPHIA, Pa. ROBERTS BARTHOLOW, M. D., LL., D. Dean, 1527 Locust street.

CHARTERED in 1825 as the Medical Department of the Jefferson College at Canonsburg, Pa. The first class was graduated in 1826. Classes have been graduated in each subsequent year.

The faculty embraces eight professors, one lecturer and eight demonstrators.

COURSE OF INSTRUCTION: Session 1885-86—A preliminary fall session began September 15, and continued until the opening of the winter session; the regular winter session commenced October 1, 1885, and ends the last of March, 1886; the spring session begins early in April and ends the last day of May, 1886. Daily clinics at hospital and dispensaries. A three-years' graded course, for which provision is made, is recommended, but not required.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology, otology, diseases of children, dermatology, toxicology, histology, genito-urinary diseases, pharmacy.

REQUIREMENTS: For admission—"Some of the States have recently enacted laws, by the requirements of which students not provided with literary degrees, or other certificates of scholarship necessary to the study of medicine, must undergo an examination before a State Board in the subjects of such preliminary study, as a prerequisite for a license to practice medicine within their borders. That the graduates of this college may be spared the trouble incident to compliance with these regulations, all students intending to engage in practice in those States will have the opportunity of undergoing such an examination before a committee of the faculty, and will receive a certificate therefor. The examination will include all branches requisite to a good English education, comprising mathematics, composition and elementary physics."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) three years' study. Students of dental colleges, where a five months' winter session is held, and where full courses are given on anatomy, materia medica, physiology and chemistry, may become candidates, after attendance on two courses at such colleges, and one full course at the Jefferson Medical College, with another on surgery, practice of medicine, and obstetrics. Students of colleges of pharmacy, where full courses are given on materia medica and chemistry, may become candidates, after attendance on two courses at such colleges, and one full course at the Jefferson Medical College, with another on anatomy, surgery, practice of medicine, physiology and obstetrics.

FEES: Matriculation (paid but once), \$5; lectures, \$140; demonstrator (of anatomy) \$10; all other practical courses free; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1877-78	598	203	33.9
1878-79	572	196	34.2
1879-80	572	196	34.2
1880-81	609	205	33.6
1881-82	630	247	39.2
1882-83	569	227	39.8
1883-84	645	215	33.3
1884-85	493	176	35.7

Average percentage of graduates to matriculates for the past eight years, *thirty-five*.

PENNSYLVANIA MEDICAL COLLEGE.

PHILADELPHIA, Pa.

ORGANIZED in 1839, as the Medical Department of the Pennsylvania College, at Gettysburg, by Dr. George McClellan. In 1859 it merged with the Philadelphia College of Medicine and Surgery, the faculty of the latter becoming the faculty of the former under the name of the former. It closed in 1861 on account of the confused state of the country, and the desire of many of the professors to enter the medical staff of the army.

PHILADELPHIA COLLEGE OF MEDICINE AND SURGERY.

PHILADELPHIA, Pa.

ORGANIZED in 1846, by Dr. James R. McClintock, and in 1859 it was merged into the Pennsylvania Medical College.

FRANKLIN MEDICAL COLLEGE.

PHILADELPHIA, Pa.

ORGANIZED in 1847. Existed until 1852.—Extinct.

HOMEOPATHIC MEDICAL COLLEGE.

PHILADELPHIA, Pa.

ORGANIZED in 1848. On April 2, 1869, the faculty of this institution united with the faculty of the Hahnemann Medical College of Philadelphia, under the latter title.

HAHNEMANN MEDICAL COLLEGE—*Homeopathic*.

PHILADELPHIA, Pa. A. R. THOMAS, M. D., Dean, 1733 Chestnut street.

ORGANIZED in 1848. The first class was graduated in 1849; classes have been graduated each subsequent year.

The faculty embraces ten professors, two lecturers and five demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86 embraces a preliminary course of one week's duration, which precedes the regular winter course. The latter began the first Monday in October, 1885, and continues until the latter part of March, 1886. A spring course begins on the Monday following commencement and continues until the end of May. A three-years' graded course is recommended, but not required. Clinics at hospital and dispensary. "Quizzes, demonstrations, experiments and other practical exercises will be called into requisition as aids in the work of imparting instruction."

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, institutes of homeopathy, microscopy and histology, botany and pharmacy, ophthalmology and otology, diseases of children.

REQUIREMENTS: For admission—"Each student will be required to present a preceptor's certificate that he possesses a good moral character, and that he is otherwise qualified for the study of medicine. He must give evidence of a good education, and pass a satisfactory examination in elementary mathematics, composition, and elementary physics or natural philosophy. Candidates exhibiting the diploma of a literary or scientific college or high school, or a county or State teacher's certificate, or the certificate of an examining board of any accredited medical society, will be admitted without examination.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) at least one course of practical anatomy and surgery. A student who has attended one, or more courses in a medical college in which homeopathy is not taught, must attend one full session of instruction in this institution, and in addition to the general average required for admission, he must obtain a two-thirds average in the following departments: Homeopathic institutes and materia medica, practice of medicine and clinical medicine.

FEES: Matriculation, \$5; lectures, \$100; practical surgery, \$10; demonstrator, \$10; practical obstetrics and chemistry (optional) \$10 each; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	161	52	32.1
1878-79	162	61	37.6
1879-80	192	75	39
1880-81	208	83	39.9
1881-82	148	57	38.5
1882-83	147	52	35.4
1883-84	138	41	29.7
1884-85	144	48	33.3

Average percentage of graduates to matriculates for the past eight years, *thirty-six*.

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA.

PHILADELPHIA, Pa. RACHEL L. BODLEY, M. D., Dean, North College avenue and Twenty-first street.

ORGANIZED in 1850. The first class was graduated in 1851. Classes have been graduated in each subsequent year.

The faculty embraces ten professors, nine lecturers, three instructors and four demonstrators, a curator of museum and prosector.

COURSE OF INSTRUCTION: The regular winter term of the session of 1885-86 began October 1, 1885, and closes March 11, 1886. The spring term will begin March 15, 1886, and close May 21. A three-years' graded course is required for graduation, and a four-years' course is earnestly recommended. Weekly examinations on each subject, as presented in the lectures. The spring term is devoted mainly to laboratory work, to demonstrative and clinical teaching.

Lectures embrace anatomy, physiology, chemistry and toxicology, materia medica and therapeutics, principles and practice of medicine, pathology, principles and practice of surgery, obstetrics, gynecology and diseases of children, hygiene, medical jurisprudence.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) three years' study; 3) three winter courses, including, at the least, two full courses of lectures on each of the following subjects—chemistry and toxicology, anatomy, physiology and hygiene, materia medica and general therapeutics, principles and practice of medicine, principles and practice of surgery, obstetrics and gynecology and diseases of children, and one course of lectures on histology and pathology, two courses in practical anatomy, having made creditable dissection of each part of the cadaver; one course in the chemical, the physiological, the pharmaceutical and the pathological laboratories; one course in operative and minor surgery, including bandaging and fracture dressings, and in microscopy; and satisfactory evidence of having attended two courses of clinical instruction each, in medicine, surgery, obstetrics and gynecology; 4) good moral character and mental fitness for the position; 5) thesis; 6) satisfactory examinations.

FEES: Matriculation (paid only once), \$5; lectures, \$105; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	130	17	13+
1878-79	144	20	13.8
1879-80	146	13	8.9
1880-81	170	20	11.7
1881-82	111	19	17+
1882-83	125	35	28
1883-84	133	26	19.5
1884-85	126	23	18.2

Average percentage of graduates to matriculates for the past eight years, *sixteen*.

ECLECTIC MEDICAL COLLEGE OF PENNSYLVANIA.

PHILADELPHIA, Pa.

INCORPORATED in 1856.—Extinct. After being in operation a few years, this institution passed into the hands of Buchanan and his colleagues, and became fraudulent. The sale of diplomas was stopped by legal process and the arrest of Buchanan in 1880.

PHILADELPHIA UNIVERSITY OF MEDICINE AND SURGERY—*Eclectic*.

PHILADELPHIA, Pa.

INCORPORATED in 1859. Fraudulent. The sale of diplomas was stopped by legal process, and the arrest of Milier and others in 1880.

AMERICAN UNIVERSITY OF PENNSYLVANIA—*Eclectic*.

PHILADELPHIA, Pa.

INCORPORATED in 1867. Fraudulent.—Extinct. The sale of diplomas was stopped by legal process, and the arrest of Buchanan in 1880.

LINCOLN UNIVERSITY, MEDICAL DEPARTMENT.

OXFORD, Pa.

ORGANIZED in 1870.—Extinct, 1872.

PENN UNIVERSITY.

PHILADELPHIA, Pa.

FRAUDULENT.—Extinct.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

PHILADELPHIA, Pa. PETER D. KEYSER, A. M., M. D., Dean, 1630 Arch street.

ORGANIZED in 1881. The first class was graduated in 1882.

The faculty embraces ten professors and an adjunct faculty of six lecturers, seven instructors, and chiefs of clinics.

COURSE OF INSTRUCTION: The session of 1885-86 began the first Monday in April, with a spring course lasting three months, a preliminary course to the regular winter session of one month, beginning the first Monday in September, and the regular winter session of six months, beginning the first Monday in October, 1885. A three years' graded course is required to complete the curriculum. Daily quizzes by the professors.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics, gynecology, hygiene, medical jurisprudence, ophthalmology and otology, orthopedic surgery, laryngology, nervous diseases, pharmacy, diseases of children, dermatology. Clinics at hospital, and full facilities for laboratory work afforded.

REQUIREMENTS: For admission—"A degree in arts, philosophy or science; or, a certificate of examination and graduation from an academy, high or normal school which does not confer degrees; or, the certificate of the Auxiliary Literary and Philosophical Term as established by this school; or, a certificate of having passed a preliminary examination of a duly organized county medical society, as ordered by the action of the Pennsylvania State Medical Society; or, finally, a successful examination before the faculty in orthography, English composition (written as ordered at the time and place of examination), arithmetic, geography, history, English grammar, elementary physics, Latin grammar and translations."

For graduation: 1) "A written and oral examination on all the branches of medical and surgical science; 2) a clinical examination in medicine, surgery and ophthalmology conducted at the bedside, cases being submitted for diagnosis and treatment in the clinic rooms and wards of the hospital; 3) thesis; 4) three full courses of lectures."

FEES: Matriculation (paid but once) \$5; lectures, including laboratory work, \$150. Graduates of dental colleges or members of the senior class are admitted by the junior class of this institution after passing a satisfactory examination on three branches, to be selected by themselves. Graduates in pharmacy are admitted to the junior class after passing an examination on three subjects selected by themselves, as in the case of the dental graduate. Fees for these two classes—junior year, \$60; senior year, \$100.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates:

Session.	Matriculates.	Graduates.	Percent.
1881-82	31	3	9.6
1882-83	27	10	37
1883-84	23	4	17.3
1884-85	33	5	15.1

Average percentage of graduates to matriculates for the past four years, *nineteen*.

RHODE ISLAND.**MEDICAL DEPARTMENT OF BROWN UNIVERSITY.**

PROVIDENCE, R. I.

ORGANIZED in 1811. "Lectures were delivered and classes graduated annually from 1814 to 1827, inclusive, excepting the years 1820-21, when it is believed that no classes were graduated. The department fell under President Wayland's strict rules of discipline, enforced on the medical professors."—(G. W. PARSONS, M. D., Providence.

According to another correspondent, "Dr. Wayland's new rules threw the medical school overboard in 1827."—(GEO. W. HERSEY, M. D., Secretary Rhode Island Medical Society.

SOUTH CAROLINA.**MEDICAL COLLEGE OF SOUTH CAROLINA.**

CHARLESTON, S. C.

ORGANIZED in 1821; charter obtained in 1823. Permanently closed in 1839. During its existence its graduates amounted to 313.

DR. J. FORD PROLEAU, Dean of the Medical College of the State of South Carolina, writes: The Medical College of South Carolina was organized under the auspices and control of the Medical Society of South Carolina, which elected the professors and examined the candidates for graduation of the college. In filling two vacancies the society gave offense to the other members of the faculty, which was increased by a difference of opinion relative to the status of some of the applicants for graduation; and in 1833 the faculty resigned in a body, and established another school, under the title of the Medical College of the State of South Carolina—having obtained a charter in 1832, and giving its first course in 1834. The Medical Society elected the members of the faculties of both colleges, which continued in activity in the city of Charleston until 1839, when, having gradually declined in number of students, the Medical College of South Carolina compromised with the Medical College of the State of South Carolina and permanently closed its doors.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.

CHARLESTON, S. C. J. FORD PROLEAU, M. D., Dean, 2 Glebe street.

ORGANIZED in 1833. In 1839 the Medical College of South Carolina was merged into it, the Medical College of the State of South Carolina receiving all the apparatus, buildings, and other property of the former. [PROLEAU—see Medical College of South Carolina.] Classes were graduated annually until 1863, when operations were suspended during the war, and until 1865, when they were resumed. Classes have been graduated annually since 1865. The faculty embraces seven professors, two assistants, two instructors, and two demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86 began October 15, 1885, and will close early in March, 1886, embracing a period of twenty weeks. Clinics at hospital. Graded course recommended, but not required.

Lectures embrace principles and practice of surgery, medical jurisprudence, clinical surgery, pathology, practice of medicine, clinical medicine, physiology, chemistry, hygiene, anatomy, ophthalmology, otology, obstetrics, gynecology, materia medica, therapeutics, microscopy, pathology, laboratory instruction (compulsory on first-course students.)

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) preliminary education satisfactory to the faculty; 3) three years' study; 4) two full courses of lectures; 5) examination in all the branches. Attendance upon lectures, habits and general character must be satisfactory to the faculty.

FEES: Matriculation, \$5; laboratory, \$5; lectures, including demonstrators and one hospital ticket, \$100; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	60	17	28.3
1878-79	71	20	28
1879-80	74	23	30.7
1880-81	77	21	27
1881-82	56	19	33.9
1882-83	61	18	29.5
1883-84	80	20	25
1884-85	59	17	28.8

Average percentage of graduates to matriculates for the past eight years, *twenty-nine*.

REMARKS: Pharmacy students are also included in the number of matriculates here given—thus affecting the proportion of graduates to matriculates.

UNIVERSITY OF SOUTH CAROLINA, MEDICAL DEPARTMENT.
COLUMBIA, S. C.

ORGANIZED in 1866.—Extinct.

TENNESSEE.

UNIVERSITY OF NASHVILLE AND VANDERBILT UNIVERSITY, MEDICAL DEPARTMENT.

NASHVILLE, Tenn. W. L. NICHOL, M. D., Registrar, Cor. Cedar and High streets.

ORGANIZED in 1850, as the Medical Department of the University of Nashville, and assumed its present relation in 1874. The first class was graduated by the University of Nashville in 1852; and the first diploma was issued by the Vanderbilt University in 1875. Classes have been graduated annually by the respective universities since these dates.

The faculty embraces ten professors, eight lecturers and two demonstrators.

COURSE OF INSTRUCTION: The course of 1885-86 opened with a preliminary session commencing September 7, 1885, and continued until the opening of the winter session October 1, which ends on the last Thursday of February, 1886. A three years' graded course is recommended, but not required. Daily examinations held by professors. Clinics at hospital.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, ophthalmology and otology, psychology, histology, pharmacy, and toxicology.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) three years' study; 4) two full courses of lectures; 5) dissection during one session. "The candidate is elected by ballot, and upon receiving four negative votes will be rejected; but will be entitled to another examination by appearing before a full faculty, after all other applicants have been examined."

FEES: Matriculation, \$5; demonstrator, \$10; lectures, \$75; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1879-80	311	141	45.3
1881-82	327	191	58
1882-83	246	116	47+
1883-84	180	93	51.7
1884-85	181	73	40.3

Average percentage of graduates to matriculates for the five years reported, *forty-nine*.

MEMPHIS MEDICAL COLLEGE.

Medical Department, Cumberland University.

MEMPHIS, Tenn.

ORGANIZED in 1854. Lectures were suspended from 1861 to 1868. A reorganization was effected in June, 1863, and a session was held every winter until the close of the session of 1872-3, when it became extinct.

BOTANIC MEDICAL COLLEGE.

MEMPHIS, Tenn.

ORGANIZED in 1857, and became extinct in 1861.

NASHVILLE MEDICAL COLLEGE.

Medical Department of the University of Tennessee.

NASHVILLE, Tenn. DUNCAN EVE, M. D., Dean of the Faculty, 301 Church street.

ORGANIZED in 1876. Became connected with the University of Tennessee in 1880. The first class was graduated in 1878. Classes have been graduated each subsequent year.

The faculty embraces twelve professors and three demonstrators.

COURSE OF INSTRUCTION: The session of 1885-86 began September 7, 1885, with a preliminary course, which continued until the beginning of the regular winter course, October 5, 1885, the latter continuing five months. Provision is made for a three years' graded course, which, however, is not obligatory. Clinics at hospital and dispensary. Examinations by the faculty daily.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, genito-urinary diseases, toxicology, diseases of children, oral surgery, ophthalmology and otology.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) dissections during attendance in this school; 5) satisfactory examination by the faculty.

FEES: Matriculation (paid but once), \$5; demonstrator, \$10; lectures, \$75; graduation, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	125	—	—
1878-79	132	—	—
1879-80	167	52	31+
1880-81	134	55	41+
1881-82	144	69	48—
1882-83	133	58	43.6
1883-84	167	62	31.7
1884-85	171	57	33.3

Average percentage of graduates to matriculates for the past six years, *thirty-eight*.

MEHARRY MEDICAL DEPARTMENT OF CENTRAL TENNESSEE COLLEGE.

NASHVILLE, TENN. G. W. HUBBARD, M. D., Dean of the Faculty.

ORGANIZED in 1876. The first class was graduated in 1877. Devoted to the education of colored students, male and female.

The faculty embraces six professors, one assistant professor and one demonstrator.

COURSE OF INSTRUCTION: The session of 1885-86 began October 5, 1885, and ends February 25, 1886. A three-years graded course is recommended, but not required. Recitations in anatomy, chemistry and physiology with laboratory work during first year's attendance.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology, medical jurisprudence, histology, botany, pharmacy.

REQUIREMENTS: For admission—"Applicants must be at least eighteen years of age, of good moral character, and pass examinations in arithmetic, geography, grammar, reading, writing and spelling, and elementary physics. Graduates of other recognized colleges and normal schools will, on presenting their diplomas, be admitted without examination."

For graduation: 1) twenty-one years of age; 2) three years' study; 3) two full courses of lectures; 4) must pass a satisfactory written examination in all the branches laid down in this course, "including the outlines of Bible history and doctrine"; 5) present an acceptable original thesis on some medical subject.

FEES: Tuition, \$30; graduation, \$10; materials for practical anatomy and chemistry at cost.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	18	3	16.6
1878-79	22	8	36.3
1879-80	22	8	36.3
1880-81	35	3	8.5
1881-82	29	8	27.6
1882-83	30	5	16.6
1883-84	31	8	25.8
1884-85	38	8	21

Average percentage of graduates to matriculates for the past eight years reported, *twenty-two*.

MEMPHIS HOSPITAL MEDICAL COLLEGE.

Medical Department Southwestern Baptist University.

MEMPHIS, Tenn. A. G. SINCLAIR, M.D., Dean of the Faculty.

ORGANIZED in 1880. The first class was graduated in 1881.

The faculty embraces ten professors and one demonstrator.

COURSE OF INSTRUCTION: The annual session of 1885-86 began the first Monday in October, 1885, and closes March 1, 1886. Daily quizzes by the professors. Clinical lectures at hospital and college.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, ophthalmology, otology and laryngology, toxicology, diseases of the nervous system, diseases of children.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) good moral character; 3) two full courses of lectures; 4) dissection during one session; 5) thesis; 6) satisfactory examination in all branches taught.

FEES: Matriculation, \$5; lectures, \$50; demonstrator, \$10; graduation, \$30.

STUDENTS: Number of matriculates and of graduates at each session since the organization of the college, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1880-81	52	18	34.6
1881-82	70	80	42.8
1882-83	73	31	42.4
1883-84	58	22	38
1884-85	71	31	43.6

Average percentage of graduates to matriculates for the past five years, *forty*.

TEXAS.

TEXAS MEDICAL COLLEGE AND HOSPITAL.

GALVESTON, Tex.

ORGANIZED in 1864.—Reorganized in 1873. Formerly known as the Galveston Medical College. The last course of lectures was delivered in 1880-81.

UTAH.

MEDICAL INSTITUTION OF MORGAN CITY.

MORGAN CITY, U. T.

EXTINCT.

VERMONT.

VERMONT ACADEMY OF MEDICINE.

CASTLETON, Vt.

ORGANIZED in 1818. Suspended instruction from 1837 to 1841. Extinct since 1861. During its existence it graduated 350 students.

UNIVERSITY OF VERMONT, MEDICAL DEPARTMENT.

BURLINGTON, Vt. A. P. GRINNELL, M. D., Dean of the Faculty.

ORGANIZED in 1823. The first class was graduated in 1823. Sessions were held and classes graduated annually, excepting in 1835, until 1837, when the sessions were suspended. In 1854 the department was reorganized. A class was graduated in 1854, and in each subsequent year.

The faculty embraces seven professors, nine professors of special subjects, and a demonstrator.

COURSE OF INSTRUCTION: The regular session begins the first Thursday in March and continues twenty weeks. A preliminary course, opening the first Thursday in November, precedes the regular course each year, and continues to the following March. A three-years' graded course is recommended, but not required. Clinics at hospital and dispensary.

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, medical jurisprudence, diseases of the nervous system, ophthalmology and otology, dermatology, diseases of children, venereal diseases and laryngology.

REQUIREMENTS: For admission, none.

For graduation: 1) twenty-one years of age; 2) three years' study; 3) two full courses of lectures, in different years, of twenty weeks each; 4) good moral character; 5) satisfactory examination before the faculty and State medical board of examiners.

FEES: Matriculation, \$5; lectures, \$75; final examination, \$25.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1878	108	33	30+
1879	140	49	35—
1880	143	53	37+
1881	171	50	29+
1882	190	85	44.7
1883	204	68	33.3
1884	230	100	40.3
1885	191	78	40.8

Average percentage of graduates to matriculates for the past eight years, *thirty-seven*.

VERMONT MEDICAL COLLEGE.

WOODSTOCK, VT.

ORGANIZED in 1827, under the name of the Clinical School of Medicine, by Dr. Joseph A. Gallup, and was under his management until 1835. For several years the degrees were conferred by the Waterville College, Maine. In 1830 an arrangement was made with the Middlebury College, Vermont, and the degrees were conferred by that institution up to 1836. In 1835 the State Legislature passed an act incorporating the Vermont Medical College. By this act the Supreme Court was directed to appoint a Board of Examiners. The school was quite prosperous and well patronized; had a strong faculty and more than one hundred students in 1850-51-52-53.

Professor B. R. Palmer, Dean of the Faculty and Professor of Anatomy, removed to Louisville, Kentucky, in 1854. In 1856 the school became extinct.

VIRGINIA.

UNIVERSITY OF VIRGINIA, MEDICAL DEPARTMENT.

CHARLOTTESVILLE, Albemarle County. JAMES F. HARRISON, M. D., Chairman of Faculty.

ORGANIZED in 1825. The first class graduated in July, 1828. There was no graduating class in 1862. The faculty embraces five professors and a demonstrator of anatomy.

COURSE OF INSTRUCTION: One annual graduating session of nine months' duration. The session of 1885-86 began October 1, 1885, and will close June 30, 1886. Daily examinations on the subjects of preceding lectures. Course is graded, extending over two years. Lectures embrace anatomy, physiology, chemistry, materia medica, theory and practice of medicine, obstetrics, medical jurisprudence, surgery and pharmacy. "The arrangement of the lectures is such that the student acquires a competent knowledge of anatomy, physiology and chemistry before he enters upon the study of the principles and practice of medicine and surgery.

REQUIREMENTS: For admission, none.

For graduation: "The degree of Doctor of Medicine is conferred upon such students as approve their fitness for the same by rigid and searching examinations. The daily examinations are taken into account in determining the fitness of a student for graduation."

FEES: Matriculation and use of library, \$20; tuition, \$110; graduation, \$15.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1877-78	—	17	—
1878-79	—	21	—
1879-80	—	12	—
1880-81	57	13	22.8
1881-82	34	12	32.3
1882-83	56	16	28.6
1883-84	41	17	41.4
1884-85	42	15	35.7

Average percentage of graduates to matriculates for the past five years, *thirty-one*.

MEDICAL SCHOOL OF THE VALLEY OF VIRGINIA.

WINCHESTER, Va.

ORGANIZED in 1826. Lectures were probably delivered until the breaking out of the war, 1861, although no information is at hand regarding the date of its extinction.

MEDICAL COLLEGE OF VIRGINIA.

RICHMOND, Va. M. L. JAMES, M. D., Dean of the Faculty.

ORGANIZED in 1838, as the Medical Department of Hampden Sidney College, under which name it continued until 1854, when a new charter was obtained and the present name assumed. The first class was graduated in 1846. Classes have been graduated each subsequent year. The faculty embraces eight professors, nine adjunct professors, and one demonstrator.

COURSE OF INSTRUCTION:—One annual course of six months' duration. The forty-eighth annual session began October 5, 1885. Daily examinations by each professor or assistant. Clinics at hospital. "The general plan and purpose of the course of instruction will be a judicious combination of the method usually described as the didactic, with careful and abundant clinical and experimental illustration; thoroughness of instruction being the aim in all departments."

Lectures embrace anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence, pharmacy, diseases of the eye, ear and throat.

REQUIREMENTS: For admission—"No student applying for matriculation will be admitted, if, in the opinion of the faculty, his preliminary education is insufficient to justify his entering on the study of medicine."

For graduation: 1) two full courses of lectures; 2) attention to practical anatomy; 3) attendance upon clinical instruction; 4) thesis.

FEES: Matriculation, \$5; lectures, \$120; demonstrator, \$10; examination for degree, \$30.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1881-82	—	13	—
1882-83	61*	9	14.7
1883-84	91*	35†	36.2
1884-85	66	19	28.8

Average percentage of graduates to matriculates for the past three years, *twenty-eight*.

WISCONSIN.

MILWAUKEE COLLEGE OF PHYSICIANS AND SURGEONS.

MILWAUKEE, Wis.

INCORPORATED in 1881.—Fraudulent. Known also as the "Coney Medical Institute," Exposed by the ILLINOIS STATE BOARD OF HEALTH in June, 1883. Charter annulled in October, 1883.

* Includes pharmacy students. † Includes one pharmacy graduate.

Auxiliary, Polyclinic and Post-Graduate Institutions and Courses.

AUXILIARY DEPARTMENT OF MEDICINE, UNIVERSITY OF PENNSYLVANIA.
PHILADELPHIA, Pa. SAMUEL B. HOWELL, M. D., Dean, 1513 Green street.

ORGANIZED in 1865. The faculty consists of five professors.

COURSE OF INSTRUCTION: Although strictly collateral to medicine, and essential to the thorough education of the physician, the course is largely scientific in its character, and the degree of Bachelor of Science (B. S.) is conferred upon those graduates in medicine of the University, or of other recognized schools, who attend two full courses of lectures in the Auxiliary Department, pass a satisfactory examination before the faculty, and present an original thesis on some one of the subjects taught.

Lectures comprise medical jurisprudence and toxicology; mineralogy and geology, (including a practical course on mineralogical and geological chemistry); botany, hygiene, comparative anatomy and zoology. The session begins in March and ends in June. The professor of comparative anatomy conducts, during the summer months, at a place on the Atlantic coast, a practical laboratory for special work in the subjects of his chair.

FEES: The lectures are free to students and graduates of the Department of Medicine of the University of Pennsylvania; to other matriculates, \$10 for each professor's ticket, or \$35 for the course; graduation \$10.

POST-GRADUATE INSTRUCTION, MEDICAL DEPARTMENT, UNIVERSITY OF PENNSYLVANIA.

PHILADELPHIA, Pa. JAMES TYSON, M. D., Secretary, P. O. Box 2838.

ESTABLISHED in 1880, although for many years previous a post-graduate course was afforded during the spring and early summer. The faculty consists of eight professors and ten lecturers.

COURSE OF INSTRUCTION: Five courses of six weeks each are given during the year, the first beginning October 1, the second, November 12, the third, January 10, the fourth, February 21, and the fifth, April 15. The teaching consists in bedside and dispensary lessons, in the practical examination of patients, and the use of instruments of precision in the diagnosis and treatment of disease.

The following subjects are taught: Clinical medicine and physical diagnosis; renal diseases, with practical examination of urine; nervous diseases and electro-therapeutics; clinical surgery; ophthalmology; dermatology; otology; gynecology; operative and genito-urinary surgery, with venereal diseases; clinical and operative obstetrics; laryngology; diseases of children; practical physiology; medical chemistry, histology and pathology.

FEES: Matriculation \$5 (matriculates of the University of Pennsylvania exempt) for each branch, \$15, excepting practical physiology, \$25, and medical chemistry, \$50. A reduction of 15 per cent will be made when six or more courses are taken.

NEW YORK POLYCLINIC.

NEW YORK CITY. JOHN A. WYETH, M. D., Secretary, 214 and 216 East Thirty-fourth St.

ORGANIZED in 1882. The faculty consists of seventeen professors, twenty-three instructors and forty assistants.

COURSE OF INSTRUCTION: The winter session of 1885-86 began September 21, 1885, and will continue into the month of June, 1886. The summer session will open at the expiration of the regular session, in June, 1886, and will continue until September.

Clinics are held daily throughout the year, in diseases of the chest—of children—of general medicine—of the mind and nervous system—of the skin—of women—general and orthopedic surgery, ophthalmology, four each week—laryngology and rhinology, two each week; otology, obstetrics, genito-urinary diseases and physiological chemistry will also receive much attention. The chair of pathological histology and state medicine has recently been added, and a new laboratory equipped for the purpose of such instruction.

FEES: General ticket for the year, \$350; general ticket for six months, \$250. Special courses, \$15, excepting diseases of the chest and general medicine, \$25; general, genito-urinary, and orthopedic surgery, \$35; diseases of women, \$35; throat, nose and ear, \$20.

REMARKS: This is strictly a school of clinical medicine and surgery. There are no didactic lectures, and none but practitioners are admitted.

A Patho-Biological Laboratory has recently been fitted up, in which special attention is paid to teaching bacteria culture.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

NEW YORK CITY. F. R. STURGIS, M. D., Secretary, 226 East Twentieth street.

ORGANIZED in 1882. The faculty consists of twenty-one professors, four associate professors, seventeen instructors and thirty-three assistants.

COURSE OF INSTRUCTION: The regular term began September 12, 1885, and continues until June 2, 1886; the summer term begins June 2, 1886, and continues until September.

Lectures are all clinical, and include the following courses: Clinical and orthopedic surgery and mechanical therapeutics; operative surgery; diseases of the nervous system and electro-therapeutics; anatomy and physiology of the nervous system, ophthalmology and otology; diseases of the nose and throat; pathology; physical diagnosis and clinical medicine; urinary analysis; histology; pathological histology; diseases of children; gynecology; obstetrics; venereal and skin diseases; applied anatomy; practical pharmacy and medical chemistry; military, naval and state hygiene.

FEES: Annual ticket, \$350; semi-annual ticket, \$250; ticket for three months, \$150; special courses, of six weeks each, \$15 to \$35.

PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.

PHILADELPHIA; Pa. R. F. BAER, M. D., Dean, 13th and Locust streets.

ORGANIZED in 1882. The faculty consists of eleven professors, two adjunct professors and twenty-four assistants.

COURSE OF INSTRUCTION: Clinical and practical instruction in medical and surgical specialties is afforded, to physicians only, during the whole year. In addition to the clinical facilities of the college, the professors utilize, for purposes of instruction, their services in the Philadelphia, Pennsylvania, Wills, Howard, Episcopal, Presbyterian, German, St. Mary's and St. Christopher's hospitals. Clinical instruction is given in electro-therapeutics, and well-appointed laboratories furnish opportunity for practical work in chemistry, anatomy, pathology, microscopy and surgery.

FEES: General ticket for one year, \$300; special courses of six weeks' duration, each \$15.

REMARKS: Students, after finishing a complete course, may, by examination, become Fellows of the College.

COLLEGE FOR MEDICAL PRACTITIONERS.

St. Louis, Mo.

ORGANIZED in 1882.—Extinct, 1884.

THE CLEVELAND POLYCLINIC AND POST-GRADUATE MEDICAL SCHOOL.*

CLEVELAND, O. REUBEN A. VANCE, M. D., Dean, 304 Prospect street.

ORGANIZED in 1884. The institution is designed wholly for post-graduates—none but practitioners being admitted. No degrees are granted. The faculty consists of six professors.

COURSE OF INSTRUCTION: Four sessions, of seven weeks' duration each, will be given annually. The first session opens the first Wednesday of February, 1885. Daily clinics are held at the Polyclinic and the Franciscan Hospital.

* No announcement received for the current session.

Lectures embrace principles and practice of surgery; gynecology and clinical diseases of women; principles and practice of medicine and clinical medicine; ophthalmology and otology and clinical diseases of the eye and ear; medical jurisprudence; microscopy and clinical chemistry.

FEES: Matriculation, \$5; general ticket, per session, \$20; special ticket for separate courses, each \$5.

BALTIMORE POLYCLINIC AND POST-GRADUATE MEDICAL SCHOOL. BALTIMORE, Md.

ORGANIZED in 1884.—Extinct.

DEPARTMENT OF BIOLOGY OF THE UNIVERSITY OF PENNSYLVANIA. PHILADELPHIA, Pa. HORACE JAYNE, M. D., Secretary.

ORGANIZED in 1885. The faculty consists of six professors and one instructor.

COURSE OF INSTRUCTION: Extends through two years of two terms each; and consists of practical laboratory exercises accompanied by explanatory lectures. No degrees are conferred.

Studies embrace: First year—General biology, mammalian anatomy and botany. Second year—Botany, zoölogy, animal histology, embryology and physiology.

FEES: For full course, \$150.

CHICAGO POLYCLINIC.

RECENTLY ORGANIZED. No announcement yet published.

The following-named institutions also have post-graduate courses or other facilities for instruction for practitioners:

RUSH MEDICAL COLLEGE, Chicago, Ill.—A four-weeks' course; fees, \$30.

HAHNEMANN MEDICAL COLLEGE, Chicago, Ill.—A six-weeks' course; fees, \$30.

BENNETT COLLEGE OF ECLECTIC MEDICINE AND SURGERY, Chicago, Ill.—A six-weeks course; fees, \$25.

SCHOOL OF MEDICINE OF THE UNIVERSITY OF MARYLAND, Baltimore, Md.—A six-weeks course; fees, \$10 to \$20 for each branch.

MEDICAL SCHOOL OF HARVARD UNIVERSITY, Boston, Mass.—Six-months' courses, in histology (\$20), physiology (\$30), medical chemistry (\$30), pathological anatomy (\$20), surgery (\$25), laryngology (\$25), ophthalmology (\$25), otology (\$15), dermatology (\$25), syphilis (\$15), diseases of the nervous system (\$15), gynecology (\$25), obstetrics (\$25). Graduates of other medical schools may obtain the degree of M. D. at this University after a year's study in the graduates' course and by passing the examinations of the three-years' course. Fee for full year, \$200.

BELLEVUE HOSPITAL MEDICAL COLLEGE, New York City.—Private instruction in medical and in physical diagnosis (\$20 each), surgical operations (\$30), operative surgery (\$20), physiological laboratory (\$50), practical chemistry (\$10), diseases of the eye and ear (\$30), pathological laboratory (\$15), diseases of the heart, lungs and throat (\$12), laryngoscopy (\$19). "Intended mainly for the benefit of practitioners."

AMERICAN ECLECTIC MEDICAL COLLEGE, Cincinnati, O.—A ten-weeks' course; fees, \$25.

JEFFERSON MEDICAL COLLEGE, Philadelphia, Pa.—A post-graduate course of instruction, including five terms of six weeks each. Instruction in ophthalmology, otology, gynecology, physical diagnosis, diseases of the chest, orthopedic surgery, normal and pathological histology, diseases of children, nervous diseases, laryngology, urinary pathology, medical chemistry, practical pharmacy, experimental physiology, dermatology, botany, materia medica and experimental therapeutics. Fees range from \$10 to \$20.

LIST OF COLLEGES FOR BOTH SEXES.

THE following institutions either announce that they are open to both sexes, or had both in attendance during the last session:

Cooper Medical College, San Francisco, Cal.
 Medical Department of the University of California, San Francisco, Cal.
 California Medical College (Eclectic), San Francisco, Cal.
 Medical Department of the University of Colorado, Boulder, Col.
 Medical Department of Howard University, Washington, D. C.
 Medical Department of Florida University, Tallahassee, Fla.
 Georgia Eclectic Medical College, Atlanta, Ga.
 Hahnemann Medical College, Chicago, Ill.
 Quincy Medical College, Quincy, Ill.
 Bennett College of Eclectic Medicine and Surgery, Chicago, Ill.
 Physio-Medical Institute, Chicago, Ill.
 Fort Wayne College of Medicine, Fort Wayne, Ind.
 Physio-Medical College, Indianapolis, Ind.
 Indiana Eclectic Medical College, Indianapolis, Ind.
 College of Physicians and Surgeons, Keokuk, Ia.
 Medical Department of the State University of Iowa, Iowa City, Ia.
 Homeopathic Medical Department of the State University of Iowa, Iowa City, Ia.
 Iowa Medical College (Eclectic), Des Moines, Ia.
 Iowa College of Physicians and Surgeons, Des Moines, Ia.
 King Eclectic Medical College, Des Moines, Ia.
 Eclectic Medical College of Maine, Lewiston, Me.
 Boston University School of Medicine, Boston, Mass.
 College of Physicians and Surgeons, Boston, Mass.
 Department of Medicine and Surgery of the University of Michigan, Ann Arbor, Mich.
 Homeopathic Medical College of the University of Michigan, Ann Arbor, Mich.
 Minnesota College Hospital, Minneapolis, Minn.
 Homeopathic Medical College of Missouri, St. Louis, Mo.
 Kansas City Hospital College of Medicine, Kansas City, Mo.
 Omaha Medical College, Omaha, Neb.
 College of Medicine of the University of Nebraska, Lincoln, Neb.
 College of Medicine of the Syracuse University, Syracuse, N. Y.
 Leonard Medical School, Raleigh, N. C.
 Homeopathic Hospital College, Cleveland, O.
 Eclectic Medical Institute, Cincinnati, O.
 Medical Department of the Western Reserve University, Cleveland, O.
 Medical Department of the University of Wooster, Cleveland, O.
 Pulte Medical College, (Homeopathic), Cincinnati, O.
 Columbus Medical College, Columbus, O.
 American Eclectic Medical College, Cincinnati, O.
 Toledo Medical College, Toledo, O.
 Medical Department of the Willamette University, Portland, Or.
 Meharry Medical Department of the Central Tennessee College, Nashville, Tenn.

LIST OF COLLEGES FOR WOMEN ONLY.

Woman's Medical College, Toronto, Ont.
 Woman's Medical College, Kingston, Ont.
 Woman's Medical College, Chicago, Ill.
 Woman's Medical College, Baltimore, Md.
 New York Medical College and Hospital for Women (*Homeopathic*) New York City.
 Woman's Medical College of the New York Infirmary, New York City.
 Woman's Medical College of Pennsylvania, Philadelphia, Pa.

LIST OF COLLEGES FOR COLORED STUDENTS.

Leonard Medical College, Raleigh, N. C.

Meharry Medical Department of Central Tennessee College, Nashville, Tenn.

The Medical Department of Howard University, Washington, D. C., is open to all, "without distinction of sex or race."

LIST OF COLLEGES WHICH CONFER DEGREES UPON ATTENDANCE ON SUMMER SESSIONS.

Cooper Medical College, Session begins June 1, and closes October 31.

University of California Medical Department, San Francisco, Cal. Session begins February 1, and closes October 31.

Hahnemann Medical College, San Francisco, Cal. Session begins June 2, and closes October 23.

Kentucky School of Medicine, Louisville, Ky. Session begins February 10, and closes June 21.

Hospital College of Medicine, Louisville, Ky. Session begins January 22, and closes June 18.

Medical School of Maine, Brunswick, Me. Session begins February 4, and closes June 24.

Medical Department of Dartmouth College, Hanover, N. H. Session begins July 14, and continues twenty weeks.

Long Island College Hospital, Brooklyn, N. Y. Session begins January 5, and ends June 2.

Eclectic Medical Institute, Cincinnati, O. Session begins January 11, and closes June 2.

Medical Department of the University of Wooster, Cleveland, O. Session begins March 3, and continues five months.

Medical Department of the University of Vermont, Burlington, Vt. Session begins first Thursday in March and continues twenty weeks.

SUPPLEMENTARY.*

MINNEAPOLIS COLLEGE OF PHYSICIANS AND SURGEONS.

MINNEAPOLIS, Minn. J. T. MOORE, M. D., Dean of the Faculty.

ORGANIZED in 1883. The faculty embraces thirteen professors and a demonstrator of anatomy.

COURSE OF INSTRUCTION: The third annual session began September 23, 1885, and will continue six months.

Lectures embrace anatomy, physiology, materia medica and therapeutics, chemistry and toxicology, theory and practice of medicine, surgery, obstetrics, gynecology, diseases of children, ophthalmology, otology, nervous diseases, medical jurisprudence, preventive medicine and genito-urinary and orthopedic surgery.

REGULATIONS AND REQUIREMENTS: 1) "Preliminary examination. This will be required of all students before matriculation. * * * The examination shall consist of: (a) English language including grammar and composition (this shall include spelling, writing, grammatical construction of sentences, and derivation of words in common use); (b) United States history, a history of applicant's native country; (c) modern geography; (d) elements of mathematics; (e) Latin, medical, (optional, to be passed at any time before the final examination)." "Satisfactory evidence of having passed a similar examination before any authorized body will be accepted in lieu of the above."

2) "Students, to obtain certificates of attendance, must attend seventy-five percent. of all the lectures on every branch taught; 3) the medical course shall consist of three winter sessions of six months each * * * the last course must be spent in this college; a properly certified year's study in a regularly qualified practitioner's office, upon passing a satisfactory examination before the faculty, will be taken in lieu of one year's study; 4) a certificate of having attended two winters upon practical anatomy, and of at least having gone over one lateral half of the human body; 5) a certificate of two winters' attendance upon clinical instruction; 6) evidence will be required of having attended two obstetrical cases; 7) upon completion of the above course the candidates may come before the Examining Board for the degree of Doctor of Medicine; or, if preferred, they will be sent before the Examining Faculty of the University of Minnesota for the degree of that body."

FEES: Matriculation, \$5; demonstrator's ticket, \$5; lecturer's fees (full course), \$40; final examination, \$10.

STUDENTS: Number of matriculates and of graduates at each session reported, and percentages of graduates to matriculates—

Session.	Matriculates.	Graduates.	Percent.
1883-84	76	—	—
1884-85	13	2	15.3

Average percentage of graduates to matriculates, *ten*.

UNIVERSITY OF WASHINGTON TERRITORY, MEDICAL DEPARTMENT.

SEATTLE, W. T. J. C. SUNDBERG, M. D., Secretary of the Faculty.

ORGANIZED in 1885. No lectures will be given this year. The faculty embraces nine professors.

*No mention made in tables, as the information was not received in time.

†One student graduated at State University, as the college had not at that date completed arrangements for conferring degrees.

COURSE OF INSTRUCTION: "The course of study will cover three years, and each year there will be a winter and a spring term. It is intended to make the course graded (junior, middle and senior), and to make a full three years' attendance compulsory."

REQUIREMENTS: For admission—"Students will be required to show evidence of a fair general education, or pass a preliminary examination before being admitted."

PHYSIO-MEDICAL INSTITUTE.

CHICAGO, ILL. J. R. BLAIR, M. D., Dean, Madison and LaSalle streets.

ORGANIZED in 1885. The faculty embraces eight professors and one demonstrator of anatomy. Five of the faculty reside in other States.

COURSE OF INSTRUCTION: The first annual session began October 8, 1885, and will continue twenty weeks. A graded course of three years is "urgently advised."

Lectures embrace anatomy and physiology, materia medica, chemistry and toxicology, science and practice of medicine, surgery, obstetrics, gynecology, diseases of children, hygiene, medical jurisprudence, ophthalmology and otology, insanity and nervous diseases.

Schedule of studies for three years' course: "First year—Anatomy, with dissections; physiology with histology and laboratory work; materia medica.

"Second year—Anatomy, with dissections and surgical anatomy; sanitary science; toxicology, with medico-legal analysis; materia medica; pharmacy; practical medicine, with medical and physical diagnosis; surgical institutes, with minor surgery; obstetrics; hospital clinics.

"Third year—Practice of medicine; surgery; obstetrics, ophthalmology and otology; insanity; hospital clinics."

REQUIREMENTS: For admission—"Students must, either by high school certificate or suitable examination, give evidence of having a good English education; furnish satisfactory evidence of proper preparation and of good moral character." "Attendance must begin with the opening of the lecture term, and be punctual throughout."

For graduation: 1) twenty-one years of age; 2) good moral character; 3) pursued medical studies three full years, including two full terms of college lectures and hospital attendance, and two courses of dissections; 4) punctual attendance on all college lectures, graduates' quizzes, and two terms of hospital clinics; 5) satisfactory written examination in all the departments of instruction.

FEES: Matriculation, \$5; lecture fees, \$50; demonstrator's ticket, \$5; hospital ticket, \$5; graduates' examination, \$25.

The institute is located at 423 Ogden avenue, in a new building, designed for a store and dwelling.

CURTIS PHYSIO-MEDICAL INSTITUTE.

MARION, IND. D. B. SNODGRASS, M. D., Dean of the Faculty.

ORGANIZED in 1881 under a general act of the State Legislature passed in 1855. The faculty embraces six professors.

COURSE OF INSTRUCTION: The fifth regular course of lectures began October 6, 1885, and will close March 4, 1886. "The instruction of this institute consists of didactic lectures and practical demonstrations." The "means of demonstrating consists of maps, charts and manican skeletons." No hospital attendance is required, but "Saturday of each week will be devoted to clinics at the institute rooms. The extensive practice of the faculty will furnish a clinic second to none outside of large cities."

Lectures embrace regional anatomy and pathology, anatomy and surgery, histology and physiology, botany and chemistry, theory and practice of medicine and diseases of women and children.

REQUIREMENTS: For admission—None.

For graduation: 1) knowledge of the English branches; 2) good moral character; 3) satisfactory evidence, upon examination, of a thorough and complete knowledge of all branches necessary to a first-class medical education.

FEES: Professor's ticket, \$50; matriculation, \$5; graduation, \$25.

REMARKS: The above is collated from the Fifth Annual Announcement of the school. Its existence was unknown to this Board, until after the recent law regulating the practice of medicine and surgery in the State of Indiana had been passed; and repeated letters requesting information in regard to its history, etc., have failed to elicit any reply from the faculty. Owing to this reticence on the part of those connected with the school, letters of enquiry were sent to each county in Indiana, in order to ascertain how many diplomas had been placed upon record in the offices of the Circuit Clerks. By this means seventeen graduates have been discovered, their diplomas being dated as follows: one, March 1, 1883; one, February 28, 1884; one, March, 1884; eight, March 4, 1885; five, July 24, 1885; and one, July 25, 1885.

It will be observed that until March, 1835, there had been but one graduating course, but after the law regulating the practice of medicine and surgery, passed by the legislature in April, had been declared in full force by proclamation of the Governor, issued July 23, 1835, six additional diplomas were immediately issued. It would seem that the law had thus stimulated the making of this second crop of doctors.

Of the present faculty two are graduates of the school, one in March and one in July, 1835.

No names of either matriculates or graduates are given in the announcement.

THE DRUIDIC UNIVERSITY OF MAINE. LEWISTON, Me. C. P. DAVIDSON, M. D., Rector.

"The Gorsedh of Maine was inaugurated in 1874; it has holden its sessions regularly ever since. It was incorporated (along with its University Branch) in 1880, by an act of the Maine Legislature. Its corporate existence is perpetuated, not by University labors, but by due performance of the ancient *rites* at the stated seasons. The incorporators were and are the total of members composing the Gorsedh of Maine.*"

The faculty embraces nine professors and one demonstrator of electricity and magnetism.

COURSE OF INSTRUCTION: "The annual course of lectures of the Druidic University of Maine commences at Lewiston on June 21, 188-, and closes June 21, 188-."

The instruction at this University consists of didactic lectures, chemical teaching, recitations, and practical teaching on subjects involving manifestations, including medical and surgical electricity in all its forms."

Lectures embrace materia medica and temperance physiology, gynecology, ophthalmic and otic surgery, obstetrics, diseases of women and children, anatomy and physiology, medical and surgical electricity, hygiene, chemistry, medical jurisprudence, principles and practice of medicine, methods and practice of surgery, urology, pharmacy, operative dentistry, and demonstrations of electricity and magnetism.

REQUIREMENTS: For admission—"Candidates for admission must give evidence of good moral character, and of having had the advantages of at least a good common school education. A knowledge of the rudiments of the Latin language is desirable."

For graduation: "Candidates for the degree of Doctor of Medicine must be twenty-one years of age and of good moral character. Students attending any other institution with a view to qualifying themselves for graduation at this University, shall do so under the direction of a *Druidic preceptor, who shall furnish them with a certificate of attendance, which will be taken as evidence of qualification and time.* They must present an original thesis on some medical subject, and pass a satisfactory examination in 1) anatomy; 2) physiology; 3) chemistry; 4) obstetrics; 5) materia medica and therapeutics; 6) surgery; 7) pathology and practice of medicine."

FEES: "Matriculation fee, \$5; practical anatomy, \$10; lectures for one session, \$75; lectures for second session, \$75; students, by purchase of the perpetual lecture ticket, will reduce the amount to \$125, and diploma free."

"Graduates of other chartered colleges intending to graduate from this University must pay for tuition \$40. Male and female students admitted on equal terms. Time for graduation, June 21 every year, at Lewiston, Me."

"SPECIAL FOR STUDENTS: The instructors and examiners of the University shall be super-graduates of the University. Super-graduates are authorized to *instruct students either at his own residence or elsewhere, and to furnish them with certificates of attendance.*"

"School for Medical and Surgical Nursing in all its branches, at the Druidical University, 59 Park street, Lewiston, Me. Instruction will be given by medical faculty of the University and of the Maine Medical Infirmary or Hospital" (York's Institution).

After reciting what is to be taught and giving the requirements and fees, the following occurs: "*When a person graduates in nursing, it is really graduating in medicine and surgery, with specific limitations.*"

From a supplement to the annual announcement for the course of 1835-86, issued during midsummer, 1835, the following occurs: "The individual chairs of Preceptors are considered as Academies of Learning, combining duties and studies which are purely Bardic with those that belong to the Adjuncts; (the Seminaries, Academies and Colleges of Instruction) for time of connection therewith, students get full credit."

"The Rector of the Faculty is an intermediary between the President (or managing Vice-President) and the professional staff; and his duty is to guide and control the course teaching." of

"Diplomas and certificates can be issued by the President or managing Vice-President, signed and sealed by himself." "Members of the faculty, as such, may sign cards of attendance, but not diplomas."

* The Gorsedh is the educational repository of the United Ancient Order of Druids.

"DEGREES: All university studies and trainings have five degrees, namely: those of Assistants; the Bachelor; the Master; the Junior Doctor, and the Senior Doctor. Previous study and experience are to be taken into account in the case of each candidate, and credit allowed for the same. Physicians and surgeons, literati, lawyers, etc., by the provisions of section 22 of the charter, have the privilege of presenting themselves for examination at midsummer. The previous studies and experience (with the period thereof) of each candidate should be timely reported to the Arch Bard, whose part it is to interpret laws and usages relative thereunto."

Attendance at a hospital is commanded in Sec. 21 of the charter, that the student may be furnished with clinical experience. For that purpose the Medical Infirmary of the City of Lewiston* (incorporated by the legislature in 1871) is both suitable and convenient, and its rooms are now dedicated to the service of the university.

REMARKS: In the report on Medical Education for 1883, this institution was alluded to, but in that for 1884 it was omitted. Attention has been called to it by the presentation in Indiana of one of its diplomas, by a man who recently left this State not being able to comply with the requirements of this Board, and who could not have attended one of their annual courses from a want of time.

AMERICAN ANTHROPOLOGICAL UNIVERSITY OF ST. LOUIS.

A diploma from this university was recently presented for record in Indiana. Diplomas of this institution were sold in Scotland several years ago, and the attention of the Board was called to the same by Hon. John Eaton, U. S. Commissioner of Education. This is the first instance that has come to the knowledge of the Board of any diplomas of this school being held in this country.

* Dr. Samuel York is the proprietor; he is also Vice-President and one of the professors.

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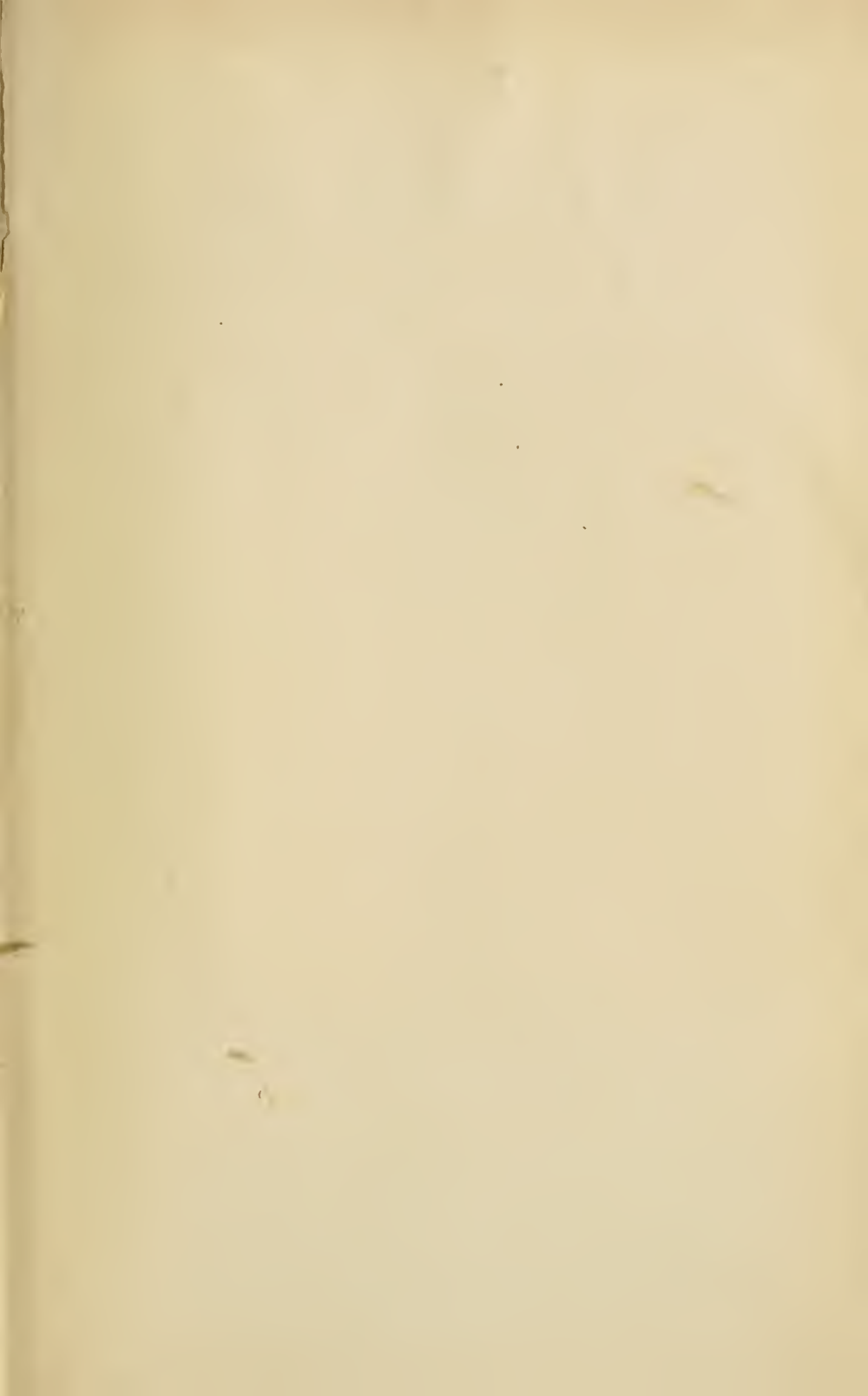
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